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Malaria in Multiple Family Members — Chicago, Illinois, 2006

Human malaria is a parasitic disease transmitted through the bite of an infected female *Anopheles* mosquito. Most malaria cases in the United States occur in travelers who recently visited areas where malaria is endemic without taking adequate chemoprophylaxis (*1*). This report describes five cases of *Plasmodium falciparum* malaria that occurred in a family residing near Chicago, Illinois, during 2006. These cases underscore the importance of malaria-prevention measures (e.g., avoidance of mosquito bites and appropriate chemoprophylaxis) for travelers to malaria-endemic areas.

In February 2006, three boys aged 10, 6, and 4 years (patients 1, 2, and 3, respectively [Table]) were hospitalized for complicated *P. falciparum* malaria (i.e., malaria with potentially life-threatening manifestations). They were members of a family of seven, including the two parents, the three male patients, and two girls aged 11 and 2 years (patients 4 and 5, respectively), all of whom had traveled in 2005 and early 2006 to Nigeria, the native country of the parents and their oldest daughter. The four youngest children, including the three boys and the girl aged 2 years, were born in the United States, where the family had lived for 10 years.

Before the trip to Nigeria, the parents had asked their local health department about malaria medications. They were told that antimalarial drugs were available. However, they assumed incorrectly that the drugs were to be taken for treatment only and did not realize that the drugs could also be used for chemoprophylaxis; therefore, they did not request a prescription. The mother and the three youngest children spent 3 months in Nigeria; the father and the two oldest children stayed 5 weeks. The family visited friends and relatives in various locations of Nigeria (e.g., Abuja, Ilorin, Kano, and Lagos) without taking malaria chemoprophylaxis. During their travel, three of the children (patients 2, 3, and 5) had onset of separate febrile episodes that were treated uneventfully with antibiotics, ibuprofen, and sulfadoxine-pyrimethamine (Fansidar®), all recommended by a local physician. All family members returned to the United States in January 2006.

Two weeks after their return, the four oldest children (the three boys and the girl aged 11 years) had onset of influenza-like symptoms, including fever and headaches, and were treated at a local clinic with antipyretics and amoxicillin. Three days later, the parents noticed that the eyes of the three boys (patients 1, 2, and 3) had yellow scleras and took them to the hospital. On examination, all three were febrile and jaundiced, and the boy aged 10 years (patient 1) appeared ill and had pallor and severe back pain. Blood smears confirmed the diagnosis of *P. falciparum* malaria in all three patients; the boy aged 4 years (patient 3) had a high parasitemia at 4.8%. Other abnormal laboratory findings for all three patients included anemia, thrombocytopenia, hyperbilirubinemia, and elevated aminotransferase levels. The boy aged 10 years (patient 1) had severe metabolic acidosis and hypoglycemia (glucose: 25 mg/dL; blood pH: 7.1; base excess: -15 mEq/L).

Because patients 1, 2, and 3 each had at least one manifestation of complicated malaria (e.g., acidosis, hypoglycemia, severe anemia, or jaundice) (*2*), all three were admitted to the pediatric intensive care unit and treated with intravenous quinidine combined with doxycycline (patient 1) or clindamycin (patients 2 and 3, in whom doxycycline was contraindicated because they were aged <8 years) (*3*). The boy aged 10 years (patient 1) had a hyperhemolytic syndrome with markedly decreased hemoglobin concentration, severe metabolic acido-

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

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sis, and hypoglycemia and therefore required intubation, dextrose infusion, transfusions of red blood cells and fresh frozen plasma, erythrophoresis (exchange transfusion), and plasmapheresis. The boy aged 4 years (patient 3) required packed red blood cell transfusions for anemia. The boys aged 6 and 4 years (patients 2 and 3, respectively) had prolonged QT intervals on electrocardiogram, which resolved after discontinuation of the intravenous quinidine. Parasitemia in all three patients had resolved by the third day of hospitalization, and all three children were discharged in good condition after 1 week.

The day after hospitalization of the three boys, their two sisters also were tested by blood smear and determined to be infected with *P. falciparum*, albeit at lower parasite densities. The girl aged 11 years (patient 4) had fever and headache; her sister aged 2 years (patient 5) was asymptomatic (Table). Both were hospitalized in a general pediatric unit and treated successfully with oral quinine combined with either doxycycline or clindamycin; parasitemia resolved by the third day of hospitalization.

The parents reported that patients 1 and 5 had sickle cell disease. Subsequent hemoglobin electrophoresis indicated that all five children had either sickle cell disease (SS) or sickle cell trait (SA).

Infection with *P. falciparum* was confirmed by polymerase chain reaction (PCR) performed at CDC on the pretreatment blood specimens of patients 1, 2, 3, and 4 (*4*). No pretreatment blood sample was available for patient 5; PCR results for a posttreatment specimen (obtained 1 day after completion of quinine therapy) were negative.

Both parents were asymptomatic. They consulted their primary physician, who treated them presumptively with mefloquine, without taking a blood smear.

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Editorial Note: The high attack rate reported in the family described in this report illustrates the elevated risk for malaria in travelers to sub-Saharan Africa. Among 1,190 imported cases of malaria reported in the United States during 2004 for which the region of acquisition was known, 68% were acquired in Africa, with the majority of cases attributed to *P. falciparum* (*1*), the species that most typically causes severe malaria in humans. Three of the five infected children described in this report had complicated malaria and required treatment in the intensive care unit.

All five children had the sickle cell gene; two were SS homozygotes, and three were heterozygotes. The sickle cell

TABLE. Clinical and laboratory findings on hospital admission and treatment of *Plasmodium falciparum* malaria in five siblings, by selected characteristics — Chicago, Illinois, 2006

Characteristic	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Age (yrs)	10	6	4	11	2
Sex	Male	Male	Male	Female	Female
Signs/Symptoms	Fever, back and limb pain, fatigue, jaundice	Fever, jaundice	Fever, jaundice	Fever, headache	None
Laboratory findings					
Blood smear	*P. falciparum*	*P. falciparum*	*P. falciparum*	*P. falciparum*	*P. falciparum*
Parasitemia (% erythrocytes infected)	0.13	0.43	4.80	0.13	0.02
Polymerase chain reaction (PCR)*	*P. falciparum*	*P. falciparum*	*P. falciparum*	*P. falciparum*	—
Hemoglobin (g/dL)	5.9	8.8	7.6	10.5	9.3
Platelets (per mm^3)	137,000	56,000	38,000	154,000	280,000
Total bilirubin (mg/dL)	25	9	2.5	1.5	0.7
Aspartate aminotransferase (U/L)	743	112	112	40	102
Hemoglobin electrophoresis	Sickle cell disease (SS)	Sickle cell trait (SA)	Sickle cell trait (SA)	Sickle cell trait (SA)	Sickle cell disease (SS)
Treatment	Quinidine and doxycycline	Quinidine and clindamycin	Quinidine and clindamycin	Quinine and doxycycline	Quinine and clindamycin
	Red blood cell and fresh frozen plasma transfusions		Red blood cell transfusions		
	Erythrophoresis (exchange transfusion)				
	Plasmapheresis				
	Assisted ventilation				
	Dextrose infusion				
	Broad-spectrum antibiotics				

* PCR on pretreatment blood samples, except in patient 5, for whom no pretreatment blood was available.

gene is found more commonly in persons of African descent because the sickle cell trait confers a selective advantage, resistance to severe malaria (*5*). In a recent large cohort study of Kenyan children, the sickle cell trait was found to be approximately 50% protective against mild clinical malaria, 75% protective against admission to the hospital for malaria, and 90% protective against severe or complicated malaria *(6)*. However, two of the three patients with sickle cell trait described in this report (patients 2 and 3) still had complicated malaria. Patient 1 had a low parasitemia but was severely ill, probably because of hyperhemolysis related to sickle cell disease. In a study from Nigeria, malaria was found to be an important risk factor for hyperhemolytic crisis in children with sickle cell disease (*7*).

These five cases underscore the importance of preventive measures, including avoidance of mosquito bites and appropriate chemoprophylaxis, for travelers to malaria-endemic areas (*8*). The majority of cases of imported malaria occur in travelers who have not taken appropriate prophylaxis. Among U.S. civilians with imported malaria reported in 2004, approximately 76% had not taken any prophylaxis or had taken prophylaxis that did not conform to CDC recommendations (*1*). Failure to take prophylaxis is a major contributing factor to malaria cases and deaths in U.S. travelers (*9*). Especially low compliance rates are reported among U.S. residents born in malaria-endemic areas who return to their country of origin to visit friends and relatives, a situation derived from various cultural and economic factors, such as misperception that malaria is not a serious illness or lack of adequate insurance coverage (*10*). Acquired immunity to malaria is never complete and persists only through continual reexposure to malaria. Persons born in a malaria-endemic country who move to a nonendemic area are at risk for symptomatic and severe malaria upon return to their native country, unless they take preventive measures. Travelers who have onset of malaria while visiting a malaria-endemic country might receive a treatment that does not adhere to CDC guidelines; for example, the drug used to treat presumed malaria in

three of the children during their travel (sulfadoxine-pyrimethamine) is no longer recommended by CDC because of drug resistance and adverse drug effects (*3*).

Prophylaxis recommendations should be based on risk for malaria acquisition, occurrence of drug resistance in the areas to be visited, and traveler characteristics (e.g., age, reproductive status, and medical history). For example, chloroquine-resistant malaria is widespread in sub-Saharan Africa, including Nigeria, and resistance to sulfadoxine-pyrimethamine also occurs in this region. Malaria can affect both adults and children. Among 732 cases of malaria in U.S. civilians of known age reported in the United States during 2004, approximately 11% were in children aged <15 years. Detailed recommendations for preventing malaria in traveling infants and children are available from CDC.* In addition, recommendations for prevention of malaria in travelers of all ages are available.† Finally, CDC biannually publishes recommendations in *Health Information for International Travel* (i.e., "The Yellow Book") (*8*), which is available for purchase (telephone, 800-545-2522) and available and updated more frequently on the CDC website.§

* Available at http://www.cdc.gov/travel/mal_kids_hc.htm.
† Available at http://www.cdc.gov/travel/diseases.htm#malaria and http://www.cdc.gov/malaria/travel/index.htm.
§ Available at http://www.cdc.gov/travel.

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Update: Influenza Activity — United States and Worldwide, 2005–06 Season, and Composition of the 2006–07 Influenza Vaccine

During the 2005–06 influenza season, influenza A (H1N1), A (H3N2), and B viruses cocirculated worldwide. In the United States, influenza A (H3N2) viruses predominated overall, but influenza B viruses were isolated more frequently than influenza A viruses late in the season. Influenza activity in the United States peaked in early March, and the number of pneumonia and influenza deaths did not exceed the epidemic threshold. Worldwide, influenza B viruses were the most commonly reported influenza type in Europe; influenza A (H1N1) and influenza B viruses predominated in Asia. Through June 13, 2006, outbreaks of influenza A (H5N1) viruses (avian influenza) among migratory birds and poultry flocks were associated with severe human illness or death in 10 countries (Azerbaijan, Cambodia, China, Djibouti, Egypt, Indonesia, Iraq, Thailand, Turkey, and Vietnam). This report summarizes influenza activity in the United States and worldwide during the 2005–06 influenza season and describes composition of the 2006–07 influenza vaccine.

United States

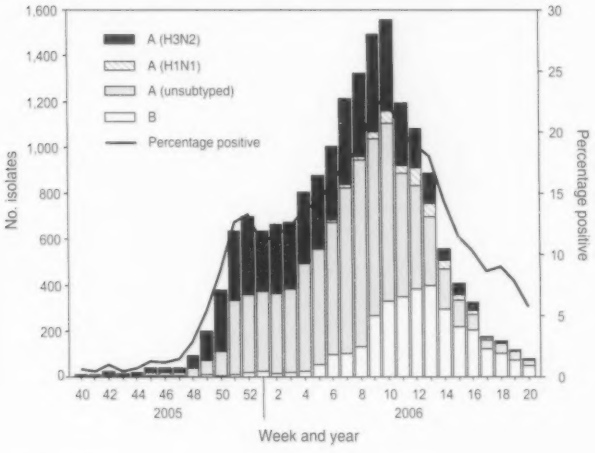
The national percentage of respiratory specimens testing positive for influenza and the proportion of outpatient visits to sentinel providers for influenza-like illness (ILI)* peaked in early March 2006. Influenza A (H3N2) viruses were most commonly isolated overall, but influenza B viruses were more frequently identified than influenza A viruses during late April and May. A small number of influenza A (H1N1) viruses also were identified.

Viral Surveillance

During October 2, 2005–May 20, 2006, World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System collaborating laboratories in the United States tested 139,647 specimens for influenza viruses, and 17,414 (12.5%) were positive (Figure 1). Of these, 14,093 (80.9%) were influenza A viruses, and 3,321 (19.1%) were influenza B viruses. Among the influenza A viruses, 5,661 (40.2%) were subtyped; 5,231 (92.4%) of those were influenza A (H3N2) viruses, and 430 (7.6%) were influenza A (H1N1) viruses. The proportion of specimens testing positive for influenza first exceeded 10% during the week ending

* Defined as a temperature of ≥100.0°F (≥37.8°C), oral or equivalent, and cough and/or sore throat in the absence of a known cause other than influenza.

FIGURE 1. Number* and percentage of respiratory specimens testing positive for influenza viruses reported by World Health Organization and National Respiratory and Enteric Virus Surveillance System collaborating laboratories, by week and year — United States, 2005–06 influenza season†



*N = 139,647.
†As of June 2, 2006.

December 24, 2005 (week 51), peaked at 23.0% during the week ending March 11, 2006 (week 10), and declined to <10% during the week ending April 29, 2006 (week 17), for a total of 18 consecutive weeks during which more than 10% of specimens tested positive. Peak percentage of specimens testing positive for influenza ranged from 23.2% to 41.0% during the preceding five influenza seasons, and the peak occurred during early December to late February ([*1*]; CDC, unpublished data, 2006). Also during the preceding five seasons, the number of consecutive weeks during which more than 10% of specimens tested positive for influenza ranged from 11 to 15 weeks (CDC, unpublished data, 2006).

Composition of the Influenza Vaccine for the 2006–07 Season

The Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee has recommended that the 2006–07 trivalent influenza vaccine for the United States contain A/New Caledonia/20/99-like (H1N1), A/Wisconsin/67/2005-like (H3N2), and B/Malaysia/2506/2004-like viruses. This represents a change in the influenza A (H3N2) and influenza B components. For the A/Wisconsin/67/2005-like (H3N2) virus, U.S. vaccine manufacturers can use A/Wisconsin/67/2005 or the antigenically equivalent A/Hiroshima/52/2005 strain. For the influenza B component, either the B/Malaysia/2506/2004 or B/Ohio/1/2005 strain can be used. This recommendation is based on antigenic analyses of recently isolated influenza viruses, epidemiologic data, and postvaccination serologic studies in humans.

Antigenic Characterization

Since October 1, 2005, CDC has antigenically characterized 828 influenza viruses collected by U.S. laboratories: 503 influenza A (H3N2) viruses, 88 influenza A (H1N1) viruses, and 237 influenza B viruses. Of the 503 influenza A (H3N2) viruses, 381 (75.7%) were characterized as A/California/07/2004-like, the influenza A (H3N2) component recommended for the 2005–06 influenza vaccine, and 122 (24.3%) viruses demonstrated reduced titers with antisera produced against A/California/07/2004. Of the 122 low-reacting viruses, 96 were tested with antisera produced against A/Wisconsin/67/2005, the H3N2 component selected for the 2006–07 vaccine, and 70 were A/Wisconsin-like. The hemagglutinin proteins of 85 (96.6%) of the 88 influenza A (H1N1) viruses were antigenically similar to the hemagglutinin of the vaccine strain A/New Caledonia/20/99, and three (3.4%) showed reduced titers with antisera produced against A/New Caledonia/20/99. Influenza B viruses currently circulating can be divided into two antigenically distinct lineages represented by B/Yamagata/16/88 and B/Victoria/2/87 viruses. Fifty-two (21.9%) of the 237 influenza B viruses that have been characterized belong to the B/Yamagata lineage; eight were similar to B/Shanghai/361/2002, the recommended influenza B component for the 2005–06 influenza vaccine, 43 were characterized as B/Florida/07/2004-like (a minor antigenic variant of B/Shanghai/361/2002), and one showed reduced titers with antisera produced against both B/Shanghai/361/2002 and B/Florida/07/2004. A total of 185 (78.1%) of the 237 influenza B viruses were identified as belonging to the B/Victoria lineage; 184 were similar to B/Ohio/1/2005, the influenza B component selected for the 2006–07 vaccine, and one showed reduced titers with antisera produced against B/Ohio/1/2005.

ILI Surveillance

The weekly percentage of patient visits to U.S. sentinel providers for ILI exceeded baseline levels† (2.2%) during the weeks ending December 17, 2005–April 1, 2006 (weeks 50–13) and peaked twice, once at 3.3% for the week ending December 31,

†The national baseline was calculated as the mean percentage of patient visits for ILI during noninfluenza weeks for the preceding three influenza seasons, plus two standard deviations. Noninfluenza weeks are those in which <10% of laboratory specimens are positive for influenza. Wide variability in regional data precludes calculating region-specific baselines; therefore, applying the national baseline to regional data is inappropriate. National and regional percentages of patient visits for ILI are weighted on the basis of state population.

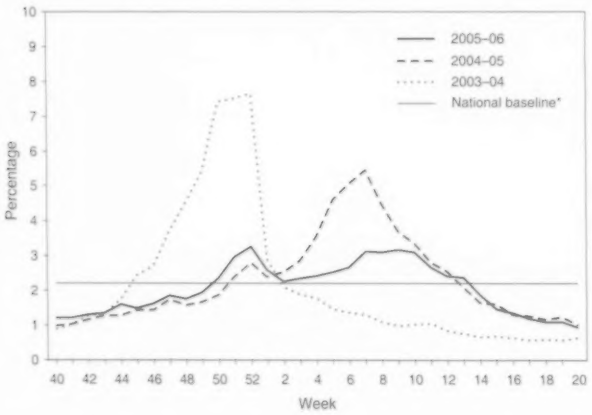
2005 (week 52), and again at 3.2% for the week ending March 4, 2006 (week 9) (Figure 2). During the preceding five influenza seasons, the peak percentage of patient visits for ILI ranged from 3.2% to 7.6%, and the peak occurred during late December to mid-February ([*1*]; CDC, unpublished data, 2006).

State-Specific Activity Levels

Influenza activity, as reported by state and territorial epidemiologists, peaked during the week ending March 11, 2006 (week 10), when 25 states reported widespread activity and 16 states reported regional activity.[§] Thirty-eight states and New York City reported widespread influenza at least once during the 2005–06 season. No states reported widespread influenza activity during the weeks ending April 22–May 20, 2006 (weeks 16–20). The peak number of states reporting widespread or regional activity during the preceding five influenza seasons ranged from 45 to 50 states ([*1*]; CDC, unpublished data, 2006).

[§] Levels of activity are 1) *no activity*; 2) *sporadic*: isolated laboratory-confirmed influenza cases or laboratory-confirmed outbreak in one institution, with no increase in ILI activity; 3) *local*: increased ILI in one region, or at least two institutional outbreaks (ILI or laboratory-confirmed influenza) in one region; virus activity no greater than sporadic in other regions; 4) *regional*: increased ILI activity or outbreaks (ILI or laboratory-confirmed influenza) in at least two but fewer than half of the regions in the state; and 5) *widespread*: increased ILI activity or outbreaks (ILI or laboratory-confirmed influenza) in at least half the regions in the state.

FIGURE 2. Percentage of visits for influenza-like illness (ILI) reported by the Sentinel Provider Surveillance Network, by week — United States, 2003–04, 2004–05, and 2005–06 influenza seasons



* The national baseline was calculated as the mean percentage of visits for ILI during noninfluenza weeks for the preceding three seasons, plus two standard deviations. Noninfluenza weeks are those in which <10% of laboratory specimens are positive for influenza. Wide variability in regional data precludes calculating region-specific baselines; therefore, applying the national baseline to regional data is inappropriate. National and regional percentages of patient visits for ILI are weighted on the basis of state population.

Pneumonia- and Influenza-Related Mortality

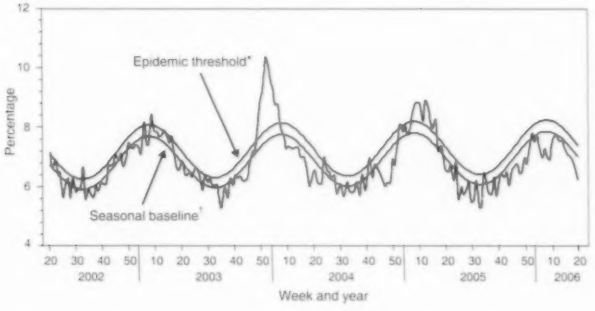
During the 2005–06 influenza season, the percentage of deaths attributed to pneumonia and influenza (P&I) as reported by the 122 Cities Mortality Reporting System did not exceed the epidemic threshold[¶] (Figure 3). The percentage of P&I deaths peaked twice at 7.8%, once during the week ending January 14, 2006 (week 2), and again during the week ending March 18, 2006 (week 11). During the preceding five influenza seasons, the peak percentage of P&I deaths ranged from 8.1% to 10.4%, and the total number of weeks above the epidemic threshold ranged from 4 to 16 ([*1*]; CDC, unpublished data, 2006).

Influenza-Associated Pediatric Hospitalization

Pediatric hospitalizations associated with laboratory-confirmed influenza infections are monitored in two population-based surveillance networks, the Emerging Infections Program (EIP) and the New Vaccine Surveillance Network (NVSN). During October 1, 2005–April 30, 2006, the preliminary influenza-associated hospitalization rate reported by EIP for children aged 0–17 years was 1.21 per 10,000. For children aged 0–4 and 5–17 years, the rates were 2.76 and 0.38 per 10,000, respectively. In NVSN, during October 30,

[¶] The expected seasonal baseline proportion of P&I deaths reported by the 122 Cities Mortality Reporting System is projected using a robust regression procedure in which a periodic regression model is applied to the observed percentage of deaths from P&I during the preceding 5 years. The epidemic threshold is 1.645 standard deviations above the seasonal baseline.

FIGURE 3. Percentage of deaths attributed to pneumonia and influenza (P&I) reported by the 122 Cities Mortality Reporting System, by week and year — United States, 2002–2006



* The epidemic threshold is 1.645 standard deviations above the seasonal baseline.

† The seasonal baseline is projected using a robust regression procedure that applies a periodic regression model to the observed percentage of deaths from P&I during the preceding 5 years.

2005–April 29, 2006, the preliminary laboratory-confirmed influenza-associated hospitalization rate for children aged 0–4 years was 5.4 per 10,000. EIP and NVSN hospitalization data collection ended on April 30, 2006. Rate estimates are preliminary and might change as data are finalized.

During 2000–2005, the end-of-season hospitalization rate for NVSN ranged from 3.7 (2002–03) to 12.0 (2003–04) per 10,000 children aged 0–4 years. During the 2003–04 influenza season, the end-of-season hospitalization rate for EIP was 8.9 per 10,000 children aged 0–4 years and 0.8 per 10,000 children aged 5–17 years; during the 2004–05 season, the rates were 3.3 and 0.6, respectively. Differences in rate estimates between the NVSN and the EIP systems likely result from the different case-finding methods and the different populations monitored.**

Influenza-Related Pediatric Mortality

During October 2, 2005–June 3, 2006, a total of 35 deaths among children aged <18 years associated with laboratory-confirmed influenza infections during the 2005–06 influenza season were reported to CDC from 13 states (Arizona, California, Colorado, Connecticut, Kansas, New Jersey, New Mexico, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, and Wyoming) and New York City. Four (11.4%) of the children were aged <6 months, 11 (31.4%) were aged 6–23 months, four (11.4%) were aged 2–4 years, and 16 (45.7%) were aged 5–17 years. Of the 31 patients for whom influenza virus type was known, 23 had influenza A virus infection and eight had influenza B virus infection. All eight pediatric deaths attributed to influenza B infection occurred from late March through May. These data are provisional and subject to change as more information becomes available.

** NVSN provides population-based estimates of laboratory-confirmed influenza hospitalization rates in children aged <5 years admitted to NVSN hospitals with fever or respiratory symptoms. Children are prospectively enrolled, and respiratory samples are collected and tested by viral culture and reverse transcription–polymerase chain reaction (RT-PCR). EIP conducts surveillance for laboratory-confirmed, influenza-related hospitalizations in children aged <18 years. Hospital laboratory and admission databases and infection-control logs are reviewed to identify children with a positive influenza test (i.e., viral culture, direct fluorescent antibody assay, RT-PCR, or a commercial rapid antigen test) from testing conducted as a part of their routine care.

Worldwide

During the 2005–06 influenza season, influenza A (H1N1), A (H3N2), and B viruses cocirculated worldwide. In Africa, small numbers of influenza A and B viruses were reported. In Asia, influenza A (H1N1) and influenza B viruses predominated. Influenza A (H3N2) viruses circulated at lower levels overall in Asia but predominated in some countries. In Europe, influenza B viruses were most commonly reported, but influenza A (H1N1) and A (H3N2) viruses also were identified frequently.

Human Infections with Avian Influenza A (H5N1) Viruses

During December 1, 2003–June 13, 2006, a total of 225 human cases of avian influenza A (H5N1) infection were reported to WHO from 10 countries (*2*). Of these, 128 (57%) were fatal (Table). All cases were reported from Asia (Azerbaijan, Cambodia, China, Indonesia, Iraq, Thailand, Turkey, and Vietnam) or Africa (Djibouti and Egypt). To date, no human case of avian influenza A (H5N1) virus infection has been identified in the United States.

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TABLE. Number of laboratory-confirmed human cases and deaths from avian influenza A (H5N1) infection reported to the World Health Organization, by country — worldwide, 2003–2006*

Country	Year of onset: 2003 No. of cases	2003 Deaths	2004 No. of cases	2004 Deaths	2005 No. of cases	2005 Deaths	2006 No. of cases	2006 Deaths	Total No. of cases	Total Deaths
Azerbaijan	0	0	0	0	0	0	8	5	8	5
Cambodia	0	0	0	0	4	4	2	2	6	6
China	0	0	0	0	8	5	10	7	18	12
Djibouti	0	0	0	0	0	0	1	0	1	0
Egypt	0	0	0	0	0	0	14	6	14	6
Indonesia	0	0	0	0	17	11	32	26	49	37
Iraq	0	0	0	0	0	0	2	2	2	2
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Vietnam	3	3	29	20	61	19	0	0	93	42
Total	**3**	**3**	**46**	**32**	**95**	**41**	**81**	**52**	**225**	**128**

* As of June 13, 2006.

Editorial Note: During the 2005–06 influenza season, influenza activity in the United States peaked in early March and excess mortality was not detected. In the United States, influenza A (H3N2) viruses predominated during most of the season, but influenza B viruses were more frequently identified than influenza A viruses during late April through May. Worldwide, influenza B viruses were reported most commonly in many European countries, and influenza A (H1N1) and influenza B viruses predominated in Asia.

In the United States, the majority of influenza A (H3N2) and A (H1N1) viruses were characterized as A/California/07/2004-like and A/New Caledonia/20/99, respectively, the recommended influenza A components of the 2005–06 influenza vaccine. In the early months of the season, the majority of influenza B isolates matched the B/Shanghai/361/2002 strain (or its minor antigenic variant B/Florida/07/2004), the recommended influenza B component for the 2005–06 vaccine; however, later in the season, the majority of influenza B isolates matched the B/Ohio/1/2005 strain. The B/Ohio/1/2005 virus has been selected as the influenza B component for the 2006–07 influenza vaccine.

As a supplement to influenza vaccination, antiviral drugs have aided in the control and prevention of influenza. However, the 2005–06 influenza season was notable because of the emergence of a high level of resistance among circulating influenza A (H3N2) viruses to the antiviral adamantanes (i.e., amantadine and rimantadine). Of 209 influenza A (H3N2) virus isolates collected from 26 states and sent to CDC during October 1–December 31, 2005, a total of 193 (92.3%) were resistant to adamantanes (*3*). On the basis of these findings, in January 2006, CDC recommended against use of the adamantane class of antivirals for the treatment and prophylaxis of influenza in the United States until susceptibility to adamantanes has been reestablished among circulating influenza A isolates (*4*). A high level of resistance to adamantanes (>90%) by influenza A (H3N2) viruses continued to be observed among specimens tested through May 2006.

As of June 13, 2006, influenza A (H5N1) had been reported in migratory birds or poultry flocks in Africa (Burkina Faso, Cameroon, Côte d'Ivoire, Djibouti, Egypt, Niger, Nigeria, and Sudan), Asia (Afghanistan, Azerbaijan, Cambodia, China, Georgia, Hong Kong, Kazakhstan, India, Indonesia, Iraq, Iran, Israel, Jordan, Malaysia, Mongolia, Myanmar, Palestinian Autonomous Territories, Pakistan, Thailand, Turkey, and Vietnam), and Europe (Albania, Austria, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, France, Germany, Greece, Hungary, Italy, Poland, Romania, Russia, Serbia-Montenegro, Slovakia, Slovenia, Sweden, Switzerland, Ukraine, and the United Kingdom) (*5*). The spread of the virus can be associated, in part, with the movement of wild migratory birds from Asia (*6*), suggesting that apparently healthy birds can carry the virus over long distances (*7*). No evidence of sustained person-to-person transmission of influenza A (H5N1) viruses has been reported to date, but rare cases of person-to-person transmission likely have occurred (*8*).

In collaboration with local and state health departments, CDC continues to recommend enhanced surveillance for possible influenza A (H5N1) infection among travelers with severe unexplained respiratory illness returning from influenza A (H5N1)-affected countries (*9*). Additional information on influenza, including avian influenza, is available at http://www.cdc.gov/flu. Updates on the worldwide avian influenza situation are available from WHO at http://www.who.int/csr/disease/avian_influenza/en.

Acknowledgments

This report is based, in part, on data contributed by participating state and territorial health departments and state public health laboratories, WHO collaborating laboratories, National Respiratory and Enteric Virus Surveillance System collaborating laboratories, the U.S. Influenza Sentinel Provider Surveillance System, the New Vaccine Surveillance Network, the Emerging Infections Program, and the 122 Cities Mortality Reporting System. WHO National Influenza Centers, WHO Global Influenza Programme, Geneva, Switzerland. I Gust, MD, A Hampson, WHO Collaborating Center for Reference and Research on Influenza, Parkville, Australia. A Hay, PhD, WHO Collaborating Center for Reference and Research on Influenza, National Institute of Medical Research, London, England. M Tashiro, MD, WHO Collaborating Center for Reference and Research on Influenza, National Institute of Infectious Diseases, Tokyo, Japan.

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Assessing Risk Factors for Chronic Disease — Jordan, 2004

In 2003, chronic diseases were the leading cause of mortality in Jordan; 38.2% of deaths were attributed to cardiovascular disease and 14.3% to cancer (Jordan Ministry of Health [MOH], unpublished data, 2004). In 2002, MOH, with assistance from CDC and the World Health Organization (WHO), established a behavioral risk factor surveillance program to monitor risk factors associated with chronic diseases (*1*). This report summarizes the findings of the second Behavioral Risk Factor Survey, which was conducted in Jordan in 2004. The findings indicated that the prevalence of obesity had increased by 52.3% in Jordan since 2002. In addition, cancer screening rates among women and seatbelt use rates overall were low compared with U.S. rates. Development and implementation of a national plan to prevent and control chronic diseases is needed.

The first national Behavioral Risk Factor Survey in Jordan, conducted in 2002, was created by adding questions to the quarterly, multistage, cross-sectional employment survey from the Jordan Department of Statistics. The 2004 Behavioral Risk Factor survey was conducted by MOH using similar sampling methodology but included additional questions on chronic disease risk factors. The survey was conducted among a nationally representative sample of adults aged ≥18 years. In each household, one adult was selected randomly and interviewed in person. Interviews were conducted during October 1–December 13, 2004; a total of 3,334 adults were interviewed (response rate: 94.7%). The survey included questions on demographics, health status, health-care access, hypertension awareness, cholesterol awareness, diabetes, asthma, heart disease, tobacco use, seatbelt use, physical activity, nutrition, weight and height, oral health, eyesight, women's health, medical services, and screening.

Data on self-reported weight and height were used to calculate body mass index (BMI) (kg/m^2). Overweight was classified as a BMI of 25.0–29.9, and obese was classified as a BMI of ≥30.0. Weights and heights were self reported.

For cultural reasons, only married women were asked how long it had been since their most recent Papanicolaou test; all women aged ≥35 years were asked how long it had been since their most recent mammogram. All respondents were asked whether they had ever had their blood pressure or cholesterol level checked by a health-care professional and whether a health-care professional had ever told them they had high blood pressure, high cholesterol, asthma, or diabetes. Screening for diabetes complications was assessed by asking, "How many times during the last 12 months has a health professional checked your feet for any sores or irritations?" and "When was the last time you had an eye exam by an ophthalmologist?" Gestational diabetes was excluded, and type of diabetes was not assessed.

Health status was assessed by asking, "Would you say that in general your health is excellent, very good, good, fair, or poor?" Vigorous physical activity was assessed by asking, "On average, how many days a week do you get at least 20 minutes of vigorous physical activity?" Moderate physical activity was assessed by asking, "On an average, how many days a week do you get at least 30 minutes of moderate physical activity?" Seatbelt use was assessed by asking, "Do you always use a seatbelt when you drive a car?" and "Do you always use a seatbelt when sitting next to the driver?" Fruit and vegetable consumption was assessed by asking, "How many cups of fresh or cooked vegetables did you have yesterday?" and "How many cups of fruit or fresh juice did you have yesterday?" Statistical analysis software was used to account for the complex sampling design.

The prevalence of obesity among Jordanian adults increased to 19.5% in 2004, a 52.3% increase from the 2002 prevalence of 12.8% (*1*) (Table). In 2004, approximately 55.0% of adult respondents (52.3% of men and 57.1% of women) were categorized as either overweight or obese, an increase from the 2002 prevalence of 45.2%. Weight awareness was inconsistent, with 27.8% of obese respondents reporting that they considered their weight to be nearly average; in 2002, 22.2% of obese respondents considered their weight to be average. Approximately 19.5% of the respondents reported consuming three or more cups of fruit, fresh juice, or vegetables the preceding day.

The prevalence of diagnosed diabetes increased from 6.4% in 2002 to 7.5% in 2004, although this increase was not statistically significant. Approximately 24.7% of respondents aged ≥65 years had diagnosed diabetes. Among all respondents with diabetes, 62.9% reported they had not had their feet checked for sores or irritations, and 45.3% had not had an eye examination in the preceding 12 months. Among persons with diabetes who had ever had an eye examination, 36.3% were told they had eye complications. Approximately 5.3% of all respondents reported that they had been told they had asthma, a rate similar to that of the 2002 survey (5.1%). Approximately 13.3% of respondents reported their health as fair or poor, and 26.5% said it was good.

TABLE. Prevalence of selected health characteristics, by sex and age — Behavioral Risk Factor Survey, Jordan, 2004

Health characteristic	Sex				Age (yrs)								Total	
	Male		Female		18–34		35–49		50–64		≥65			
	%	(SE*)	%	(SE)	%	(SE)	%	(SE)	%	(SE)	%	(SE)	%	(SE)
High blood pressure	18.3	(1.44)	23.4	(0.95)	4.4	(0.73)	15.9	(1.25)	43.0	(1.80)	52.8	(2.76)	**21.5**	**(0.98)**
High blood cholesterol	18.4	(1.71)	14.6	(1.29)	3.9	(1.06)	14.0	(1.49)	26.5	(2.66)	30.2	(3.33)	**16.2**	**(1.03)**
Diabetes	8.5	(0.87)	6.8	(0.67)	0.7	(0.24)	4.7	(0.61)	19.6	(1.98)	24.7	(2.31)	**7.5**	**(0.58)**
Heart disease	4.4	(0.62)	4.2	(0.48)	0.6	(0.24)	2.5	(0.40)	11.2	(1.51)	13.4	(1.56)	**4.3**	**(0.39)**
Asthma	4.6	(0.70)	5.8	(0.50)	3.1	(0.50)	5.8	(0.67)	7.6	(1.08)	9.5	(1.63)	**5.3**	**(0.45)**
Current smoking†	47.1	(1.33)	6.5	(0.53)	21.9	(1.12)	26.7	(1.36)	22.1	(2.14)	14.8	(2.15)	**22.8**	**(0.78)**
Weight														
Overweight§	37.9	(1.69)	33.7	(1.14)	29.2	(1.38)	40.9	(1.36)	39.9	(3.32)	38.2	(4.66)	**35.5**	**(0.95)**
Obese¶	14.4	(1.08)	23.4	(1.37)	9.9	(0.89)	24.5	(1.25)	30.7	(2.41)	28.0	(3.43)	**19.5**	**(0.91)**
Physical activity														
Any weekly vigorous**	37.0	(1.84)	35.8	(1.80)	42.3	(1.79)	40.3	(2.19)	28.2	(2.14)	10.9	(1.60)	**36.3**	**(1.52)**
Any weekly††	47.0	(2.45)	51.5	(1.99)	57.3	(2.34)	54.2	(2.21)	40.6	(3.14)	17.3	(1.77)	**49.7**	**(1.93)**
Ever checked														
Blood pressure	64.2	(1.87)	74.2	(1.39)	59.8	(1.59)	73.2	(1.50)	80.7	(2.13)	85.9	(2.07)	**70.2**	**(1.26)**
Cholesterol	40.9	(2.47)	38.3	(2.04)	26.9	(1.93)	42.2	(1.71)	54.4	(3.26)	57.8	(3.18)	**39.4**	**(1.93)**

* Standard error.
† Ever smoked ≥100 cigarettes in lifetime and currently smoke every day or some days.
§ Body mass index (BMI) = 25.0–29.9.
¶ BMI ≥30.0.
** Activity resulting in heavy sweating and large increase in breathing or heart rate for 20 minutes.
†† Any moderate activity (i.e., resulting in light sweating and slight increase in breathing or heart rate for 30 minutes) or vigorous activity.

Cancer screening rates among women were low compared with rates from the 2004 U.S. Behavioral Risk Factor Surveillance System survey (*2*). Approximately 14.9% of married women reported having had a Papanicolaou test in the preceding 3 years in Jordan, compared with 86.0% of women aged ≥18 years in the United States; 9.3% of women aged ≥40 years reported having had a mammogram in the preceding 2 years, compared with 74.9% of U.S. women aged ≥40 years. Approximately 70.2% of respondents had ever been tested for high blood pressure, and 39.4% had ever had their cholesterol levels checked. Because some questions in the 2004 Jordanian survey were changed, no direct comparisons between the 2002 and 2004 surveys could be made for blood pressure, cholesterol, or smoking status. Approximately 61.6% of drivers and 40.4% of front-seat passengers reported always using a seatbelt, compared with 80.5% of U.S. drivers in 2002 (*3*).

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Editorial Note: Estimates of the extent of obesity and diabetes in Jordan are conservative. In validation studies of self-reported weight and height, overweight participants tend to underestimate their weight, and all participants tend to overestimate their height (*4*). Moreover, undiagnosed diabetes cases were excluded. On the basis of findings from the 2004 survey, the Jordanian cabinet allocated $2.9 million for chronic disease prevention and control.

Higher-than-normal BMI and weight gain are major risk factors for diabetes (*5*), and other studies have indicated that changes in BMI at the population level foreshadow changes in diabetes prevalence (*6,7*). Obesity and diabetes usually are preventable. Previous studies have demonstrated that changes in lifestyle can prevent diabetes and obesity in selected groups of adults at high risk (*8,9*).

The low rates of screening practices among residents of Jordan should be addressed. Screening and early diagnosis of chronic diseases are important for preventing related complications and death. For example, the high rate of eye complications among persons with diagnosed diabetes is an indication of a delay in diagnosis and proper management of the disease. Increasing awareness about chronic disease risk factors among health-care workers and the public is critical. Adequate and continuous monitoring of chronic disease risk factors in Jordan is needed, and the surveillance findings should be used in disease-prevention and health-promotion activities.

The findings in this report are subject to at least four limitations. First, the survey is cross-sectional and was not conducted throughout the year; therefore, some of the behaviors that vary seasonally (e.g., dietary intake) might not be representative. Second, the design does not allow determination of causality. Third, all the variables were self reported, which might have resulted in self-report bias. Finally, only the prevalence of diagnosed diseases could be assessed; therefore, the reported prevalence of chronic diseases is an underestimation because only 55% of respondents reported having had a medical checkup in the preceding 6 months.

The Jordan Field Epidemiology Training Program (FETP) and MOH are developing and implementing a national chronic disease prevention and control plan. This plan will target primary risk factors and behaviors associated with chronic diseases (e.g., smoking, overweight, unhealthy diet, and physical inactivity) and call for collaboration among all governmental ministries, nongovernmental organizations, and the private sector.

Although many countries are improving their health infrastructure, chronic diseases continue to be a public health problem. In addition, the high cost of chronic disease treatment puts an additional strain on countries with developing economies (*10*). More global collaboration and partnerships in chronic disease prevention and control are needed; certain FETPs (e.g., in Egypt and China) have begun working to address the problem.

Acknowledgment

The findings in this report are based, in part, on contributions by the Jordan Field Epidemiology Training Program.

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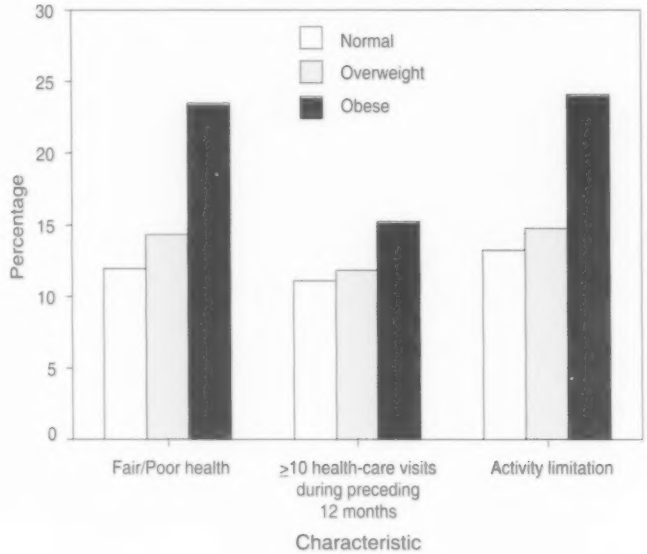
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Adults Aged ≥20 Years Reporting Selected Adverse Health Characteristics, by Body Mass Index (BMI) Category* — United States, 1999–2002



* BMI = weight (kg)/height (m^2). Normal BMI = 18.5–24.9, overweight = 25.0–29.9, and obese = ≥30.0.

Obese persons were significantly (*t* test, $p<0.05$) more likely to report fair or poor health and activity limitation and to make ≥10 visits during the preceding 12 months to health-care providers than persons of normal weight or those who were overweight. Overweight persons had slightly higher rates of fair/poor health than persons of normal weight but reported no differences in activity limitation or frequency of health-care visits.

SOURCE: McDowell MA, Hughes JP, Borrud LG. Health characteristics of U.S. adults by body mass index category: results from NHANES 1999–2002. Public Health Rep 2006;121:67–73.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending June 10, 2006 (23rd Week)*

Disease	Current week	Cum 2006	5-year weekly average†	Total cases reported for previous years 2005	2004	2003	2002	2001	States reporting cases during current week (No.)
Anthrax	—	1	—	—	—	—	2	23	
Botulism:									
foodborne	—	1	0	19	16	20	28	39	
infant	—	32	2	90	87	76	69	97	
other (wound & unspecified)	—	22	0	33	30	33	21	19	
Brucellosis	—	42	2	122	114	104	125	136	
Chancroid	—	13	1	17	30	54	67	38	
Cholera	—	—	0	6	5	2	2	3	
Cyclosporiasis§	3	26	11	734	171	75	156	147	FL (3)
Diphtheria	—	—	—	—	—	1	1	2	
Domestic arboviral diseases¶:									
California serogroup	—	—	1	78	112	108	164	128	
eastern equine	—	—	0	21	6	14	10	9	
Powassan	—	—	—	1	1	—	1	N	
St. Louis	—	—	0	10	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	5	34	10	789	537	362	511	261	NY (2), MN (3)
human monocytic	5	63	6	521	338	321	216	142	MO (2), FL (2), AR (1)
human (other & unspecified)	1	9	2	120	59	44	23	6	MO (1)
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	3	1	9	19	32	34	—	
nonserotype b	2	41	3	135	135	117	144	—	CA (2)
unknown serotype	2	79	3	217	177	227	153	—	OK (1), AZ (1)
Hansen disease§	1	20	2	88	105	95	96	79	TX (1)
Hantavirus pulmonary syndrome§	1	8	1	22	24	26	19	8	CO (1)
Hemolytic uremic syndrome, postdiarrheal§	1	44	4	219	200	178	216	202	MO (1)
Hepatitis C viral, acute	10	341	32	771	713	1,102	1,835	3,976	CT (1), NY (2), PA (1), MI (1), MO (2), VA (2), FL (1)
HIV infection, pediatric (age <13 yrs)§††	—	52	6	380	436	504	420	543	
Influenza-associated pediatric mortality§ §§ ¶¶	—	34	0	49	—	N	N	N	
Listeriosis	5	196	13	893	753	696	665	613	OH (2), VA (1), FL (1), CA (1)
Measles	—	20***	1	65	37	56	44	116	
Meningococcal disease,††† invasive:									
A, C, Y, & W-135	3	118	6	294	—	—	—	—	NY (1), FL (1), CO (1)
serogroup B	1	68	3	153	—	—	—	—	VA (1)
other serogroup	—	12	1	27	—	—	—	—	
Mumps	50	3,816	6	310	258	231	270	266	NH (1), NY (1), PA (6), MI (2), IA (1), MO (3), NE (4), KS (18), WV (3), TX (1), AZ (4), CA (5), AK (1)
Plague	—	1	0	7	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	2	10	0	19	12	12	18	25	NY (1), CA (1)
Q fever§	3	54	3	137	70	71	61	26	MO (1), FL (1), CO (1)
Rabies, human	—	—	—	2	7	2	3	1	
Rubella	—	4	0	11	10	7	18	23	
Rubella, congenital syndrome	—	1	—	1	—	1	1	3	
SARS-CoV§ §§	—	—	0	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	57	3	129	132	161	118	77	
Streptococcus pneumoniae,§									
invasive disease (age <5 yrs)	15	528	14	1,225	1,162	845	513	498	MA (3), NY (2), PA (1), OH (4), MI (2), OK (1), TX (2)
Syphilis, congenital (age <1 yr)	1	90	8	361	353	413	412	441	LA (1)
Tetanus	—	8	1	26	34	20	25	37	
Toxic-shock syndrome (other than streptococcal)§	2	44	2	95	95	133	109	127	PA (1), UT (1)
Trichinellosis	1	4	0	20	5	6	14	22	CA (1)
Tularemia§	—	16	4	154	134	129	90	129	
Typhoid fever	2	103	6	324	322	356	321	368	VA (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	1	—	2	—	N	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	0	0	1	N	N	N	
Yellow fever	—	—	—	—	—	—	1	—	

—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.

* Incidence data for reporting years 2004, 2005, and 2006 are provisional, whereas data for 2001, 2002, and 2003 are finalized.

† Calculated by summing the incidence counts for the current week, the two weeks preceding the current week, and the two weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.

§ Not notifiable in all states.

¶ Includes both neuroinvasive and non-neuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNET Surveillance).

** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, STD and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Data for HIV/AIDS are available in Table IV quarterly.

§§ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.

¶¶ Of the 39 cases reported since October 2, 2005 (week 40), only 35 occurred during the current 2005–06 season.

*** No measles cases were reported for the current week.

††† Data for meningococcal disease (all serogroups and unknown serogroups) are available in Table II.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending June 10, 2006, and June 11, 2005 (23rd Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	10,577	18,806	35,170	397,740	420,935	161	122	1,643	3,495	1,697	38	70	860	1,025	907
New England	626	634	1,550	13,705	13,757	—	0	0	—	—	1	4	35	54	47
Connecticut	263	169	1,214	3,405	3,984	N	0	0	N	N	—	0	14	8	6
Maine	43	41	74	930	933	N	0	0	N	N	—	0	3	11	10
Massachusetts	196	290	432	6,572	6,099	—	0	0	—	—	—	2	15	20	15
New Hampshire	14	35	64	789	830	—	0	0	—	—	1	1	3	11	7
Rhode Island	95	65	99	1,490	1,466	—	0	0	—	—	—	0	6	1	1
Vermont§	15	19	43	519	445	N	0	0	N	N	—	0	5	3	8
Mid. Atlantic	1,183	2,282	3,696	50,049	51,606	—	0	0	—	—	4	11	597	147	120
New Jersey	—	369	526	6,906	8,157	N	0	0	N	N	—	0	8	5	8
New York (Upstate)	599	497	1,727	10,196	10,376	N	0	0	N	N	3	3	561	43	32
New York City	—	671	1,618	15,836	16,909	N	0	0	N	N	—	2	15	20	30
Pennsylvania	584	714	1,073	17,111	16,164	N	0	0	N	N	1	4	21	79	50
E.N. Central	1,019	3,103	12,578	63,765	70,783	—	0	3	17	4	8	14	162	229	206
Illinois	—	919	1,536	19,063	21,964	—	0	0	—	—	—	2	16	21	26
Indiana	203	393	552	8,076	8,831	N	0	0	N	N	—	1	13	20	12
Michigan	761	548	9,888	13,564	11,315	—	0	3	13	4	1	2	7	36	28
Ohio	55	805	1,445	15,122	19,678	—	0	1	4	—	7	5	109	92	59
Wisconsin	—	397	531	7,940	8,995	N	0	0	N	N	—	4	38	60	81
W.N. Central	688	1,121	1,457	24,517	25,865	—	0	12	—	3	6	9	52	162	130
Iowa	114	148	225	3,601	3,108	N	0	0	N	N	—	1	11	15	22
Kansas	179	153	269	3,566	3,223	N	0	0	N	N	4	1	5	24	12
Minnesota	—	233	298	4,692	5,480	—	0	12	—	3	1	3	22	70	36
Missouri	222	430	525	8,680	9,898	—	0	1	—	—	—	2	37	31	45
Nebraska§	125	96	176	2,208	2,268	N	0	1	N	N	—	0	3	5	4
North Dakota	—	32	54	611	664	N	0	0	N	N	1	0	4	3	—
South Dakota	48	52	117	1,159	1,224	N	0	0	N	N	—	0	4	14	11
S. Atlantic	2,890	3,324	4,905	75,424	77,296	—	0	1	2	—	10	15	54	271	168
Delaware	76	68	92	1,568	1,443	N	0	0	N	N	—	0	2	—	—
District of Columbia	41	59	101	1,081	1,735	—	0	0	—	—	—	0	3	7	2
Florida	792	882	1,090	20,406	19,058	N	0	0	N	N	5	6	28	106	63
Georgia	26	609	2,142	10,017	13,392	—	0	0	—	—	4	3	12	88	46
Maryland§	354	358	519	7,990	7,841	—	0	1	2	—	—	0	4	9	8
North Carolina	704	569	1,772	15,672	14,010	N	0	0	N	N	—	1	10	29	23
South Carolina§	308	281	1,306	7,682	8,061	N	0	0	N	N	1	0	4	13	10
Virginia§	540	423	840	9,434	10,691	N	0	0	N	N	—	1	8	17	12
West Virginia	49	57	226	1,574	1,065	N	0	0	N	N	—	0	3	2	4
E.S. Central	818	1,375	2,188	31,209	30,389	—	0	0	—	—	—	3	29	34	24
Alabama§	131	366	1,048	8,857	5,267	N	0	0	N	N	—	0	5	14	10
Kentucky	190	148	336	4,144	4,810	N	0	0	N	N	—	1	25	9	9
Mississippi	—	378	647	7,183	10,080	—	0	0	—	—	—	0	1	1	—
Tennessee§	497	481	614	11,025	10,232	N	0	0	N	N	—	1	4	10	5
W.S. Central	1,402	2,160	3,605	47,898	49,852	—	0	1	—	—	4	3	30	61	28
Arkansas	110	166	340	3,453	3,896	—	0	0	—	—	1	0	2	7	1
Louisiana	229	291	761	7,143	8,159	—	0	1	—	N	—	0	21	8	3
Oklahoma	340	230	2,159	5,327	4,746	N	0	0	N	N	2	1	10	14	10
Texas§	723	1,391	1,810	31,975	33,051	N	0	0	N	N	1	1	19	32	14
Mountain	372	1,095	1,839	20,301	27,962	148	91	452	2,394	1,036	4	2	9	38	52
Arizona	360	364	642	7,767	10,135	148	89	448	2,354	985	—	0	1	4	4
Colorado	—	226	482	2,687	6,466	N	0	0	N	N	3	1	3	14	17
Idaho§	—	52	235	1,329	823	N	0	0	N	N	1	0	2	4	4
Montana	—	40	195	825	1,014	N	0	0	N	N	—	0	2	7	8
Nevada§	12	100	432	1,795	3,259	—	1	4	19	35	—	0	1	3	7
New Mexico§	—	164	338	3,616	3,859	—	0	2	1	10	—	0	3	—	6
Utah	—	89	136	1,661	1,928	—	0	3	18	4	—	0	3	6	4
Wyoming	—	25	55	621	478	—	0	2	2	2	—	0	1	—	2
Pacific	1,579	3,258	5,079	70,872	73,425	13	34	1,179	1,082	654	1	4	52	29	132
Alaska	91	83	152	1,839	1,814	—	0	0	—	—	—	0	2	1	—
California	1,061	2,536	4,231	54,615	56,923	13	34	1,179	1,082	654	—	2	14	—	92
Hawaii	—	107	135	2,216	2,381	N	0	0	N	N	—	0	1	—	—
Oregon§	154	179	315	4,237	3,904	N	0	0	N	N	1	1	20	28	21
Washington	273	357	604	7,965	8,403	N	0	0	N	N	—	0	38	—	19
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	17	37	—	333	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	80	162	1,877	1,902	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	2	7	—	155	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 10, 2006, and June 11, 2005 (23rd Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	175	330	1,028	5,940	6,972	3,829	6,506	14,136	133,956	139,534	33	37	142	889	1,169
New England	18	27	75	437	606	111	105	288	2,336	2,591	2	3	19	65	80
Connecticut	11	0	37	119	144	61	41	241	843	1,062	1	0	9	20	25
Maine	1	3	11	34	67	2	2	6	54	58	—	0	2	6	5
Massachusetts	3	11	34	184	267	40	48	76	1,102	1,150	—	1	5	27	37
New Hampshire	—	1	8	10	29	1	4	9	100	69	—	0	1	2	3
Rhode Island	1	0	25	34	35	6	8	25	211	230	—	0	7	2	6
Vermont†	2	3	9	56	64	1	1	4	26	22	1	0	2	8	4
Mid. Atlantic	25	84	254	1,023	1,300	319	647	1,014	13,145	14,265	8	7	30	165	211
New Jersey	—	8	18	97	181	—	110	150	2,073	2,443	—	2	4	26	41
New York (Upstate)	19	23	227	411	416	134	123	455	2,641	2,824	4	2	27	52	60
New York City	—	15	32	250	374	—	180	402	3,602	4,342	—	1	4	14	38
Pennsylvania	6	16	29	265	329	185	215	391	4,829	4,656	4	3	8	73	72
E.N. Central	13	56	112	818	1,178	331	1,274	7,047	25,458	27,469	6	5	14	124	207
Illinois	—	10	32	25	314	—	378	567	7,128	8,420	—	1	5	24	66
Indiana	N	0	0	N	N	68	157	228	3,400	3,483	—	1	7	33	39
Michigan	2	14	29	271	292	239	233	5,880	5,483	4,216	—	0	3	14	12
Ohio	11	16	34	309	256	24	390	681	6,870	8,920	6	1	5	41	70
Wisconsin	—	17	40	213	316	—	122	172	2,577	2,430	—	0	4	12	20
W.N. Central	13	35	259	684	839	221	361	461	7,348	8,054	—	2	15	50	52
Iowa	1	5	14	89	100	12	31	54	710	680	—	0	0	—	1
Kansas	1	4	9	64	83	55	48	124	990	1,090	—	0	3	9	5
Minnesota	—	6	238	280	392	3	63	88	1,104	1,507	—	0	9	23	19
Missouri	10	10	32	187	172	115	178	240	3,827	4,031	—	0	7	13	19
Nebraska†	—	2	6	34	52	32	21	56	533	538	—	0	2	4	7
North Dakota	1	0	7	5	2	—	2	7	33	38	—	0	3	1	1
South Dakota	—	2	7	25	38	4	6	13	151	170	—	0	0	—	—
S. Atlantic	24	55	107	1,064	1,026	1,320	1,468	2,334	31,706	32,673	8	10	24	249	277
Delaware	—	1	3	10	27	29	22	44	641	345	—	0	1	1	—
District of Columbia	3	1	5	27	20	22	37	66	702	893	—	0	1	1	2
Florida	13	19	39	381	339	349	413	512	9,496	8,388	2	3	9	82	68
Georgia	—	14	67	350	283	8	284	1,014	4,330	5,824	2	2	5	56	67
Maryland†	2	4	10	76	74	151	137	231	3,063	2,889	—	1	5	31	39
North Carolina	N	0	0	N	N	403	270	766	7,111	6,965	—	0	11	15	41
South Carolina†	—	1	9	39	48	140	125	748	3,367	3,466	—	1	3	20	17
Virginia†	6	10	50	171	222	211	142	288	2,593	3,611	4	1	8	33	29
West Virginia	—	0	6	10	13	7	16	42	403	292	—	0	4	10	14
E.S. Central	12	7	18	165	162	361	543	868	12,236	11,379	—	2	6	51	71
Alabama†	—	4	14	83	75	69	184	491	4,026	3,088	—	0	4	11	14
Kentucky	N	0	0	N	N	64	55	116	1,443	1,498	—	0	1	2	9
Mississippi	—	0	0	—	—	—	133	203	2,692	3,084	—	0	1	2	—
Tennessee†	12	4	11	82	87	228	179	279	4,075	3,709	—	1	4	36	48
W.S. Central	12	6	31	99	95	688	901	1,430	20,303	19,783	3	1	15	42	69
Arkansas	1	2	6	31	34	70	87	186	1,924	1,968	—	0	2	4	5
Louisiana	—	1	6	26	15	173	171	461	4,261	4,569	—	0	2	8	28
Oklahoma	11	2	24	42	46	134	86	764	1,924	1,965	3	1	14	30	34
Texas†	N	0	0	N	N	311	532	736	12,194	11,281	—	0	1	—	2
Mountain	15	29	57	494	500	71	231	552	4,282	5,890	4	3	8	93	138
Arizona	—	2	36	33	63	69	94	201	1,895	2,196	4	1	7	42	69
Colorado	9	9	33	175	165	—	54	90	667	1,356	—	0	4	27	29
Idaho†	2	2	11	45	56	—	3	10	82	36	—	0	1	2	3
Montana	—	1	7	27	15	—	2	14	47	64	—	0	0	—	—
Nevada†	—	1	6	22	37	2	41	194	634	1,258	—	0	1	—	13
New Mexico†	—	1	6	15	24	—	29	64	594	664	—	0	4	11	15
Utah	4	7	19	170	129	—	16	22	302	290	—	0	4	10	5
Wyoming	—	0	2	7	11	—	2	6	61	26	—	0	2	1	4
Pacific	43	60	202	1,156	1,266	407	812	946	17,142	17,430	2	2	20	50	64
Alaska	—	1	7	17	38	9	11	23	233	242	—	0	19	4	3
California	23	43	105	833	969	298	676	806	14,040	14,503	2	0	9	10	27
Hawaii	—	1	6	22	25	—	20	36	410	429	—	0	1	7	5
Oregon†	7	8	21	157	134	32	28	58	620	705	—	1	6	28	29
Washington	13	7	90	127	100	68	73	142	1,839	1,551	—	0	4	1	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	3	—	3	—	1	15	—	49	—	0	2	—	—
Puerto Rico	—	3	20	13	63	—	6	16	127	178	—	0	1	—	1
U.S. Virgin Islands	—	0	0	—	—	—	0	2	—	41	—	0	0	—	—

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* Incidence data for reporting years 2005 and 2006 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 10, 2006, and June 11, 2005 (23rd Week)*

Reporting area	Hepatitis (viral, acute), by type: A — Current week	A — Previous 52 weeks: Med	A — Previous 52 weeks: Max	A — Cum 2006	A — Cum 2005	Hepatitis (viral, acute), by type: B — Current week	B — Previous 52 weeks: Med	B — Previous 52 weeks: Max	B — Cum 2006	B — Cum 2005	Legionellosis — Current week	Legionellosis — Previous 52 weeks: Med	Legionellosis — Previous 52 weeks: Max	Legionellosis — Cum 2006	Legionellosis — Cum 2005
United States	38	75	243	1,465	1,682	50	87	594	1,602	2,300	25	41	127	547	499
New England	—	6	22	85	176	—	2	9	29	63	3	2	12	21	27
Connecticut	—	1	3	14	24	—	0	5	—	27	3	0	8	9	7
Maine	—	0	2	4	—	—	0	2	7	4	—	0	1	3	1
Massachusetts	—	4	14	44	114	—	1	5	13	20	—	1	6	7	13
New Hampshire	—	1	12	14	31	—	0	3	5	9	—	0	1	1	4
Rhode Island	—	0	4	3	5	—	0	2	4	1	—	0	10	—	2
Vermont†	—	0	2	6	2	—	0	1	—	2	—	0	3	1	—
Mid. Atlantic	3	10	24	104	281	—	9	55	155	309	6	12	53	139	143
New Jersey	—	2	9	17	51	—	3	10	39	112	—	1	13	6	24
New York (Upstate)	2	1	14	35	40	—	1	43	27	28	6	4	29	60	37
New York City	—	2	10	26	142	—	1	5	19	69	—	1	20	11	20
Pennsylvania	1	1	6	26	48	—	3	9	70	100	—	5	17	62	62
E.N. Central	5	6	15	123	151	3	8	24	134	249	6	8	25	108	111
Illinois	—	2	11	16	48	—	1	7	6	69	—	1	5	8	16
Indiana	2	0	7	17	8	1	0	17	16	10	1	0	6	3	10
Michigan	1	2	8	48	48	—	3	7	55	85	—	2	6	25	29
Ohio	2	1	4	35	26	2	2	8	52	64	5	3	19	54	48
Wisconsin	—	0	5	7	21	—	0	6	5	18	—	1	5	18	8
W.N. Central	5	2	29	66	45	1	5	19	60	110	—	1	12	17	14
Iowa	—	0	2	3	11	—	0	2	2	10	—	0	1	1	3
Kansas	1	0	5	18	7	1	0	2	6	16	—	0	1	1	1
Minnesota	3	0	29	6	3	—	0	13	6	8	—	0	10	—	1
Missouri	1	0	4	25	21	—	3	7	43	62	—	0	3	10	8
Nebraska†	—	0	3	9	3	—	0	2	3	13	—	0	2	3	—
North Dakota	—	0	2	—	—	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	3	5	—	—	0	1	—	1	—	0	6	2	—
S. Atlantic	5	12	34	214	251	15	23	66	505	671	3	9	19	138	107
Delaware	—	0	2	7	4	—	0	4	16	18	—	0	4	1	4
District of Columbia	—	0	2	2	2	—	0	4	4	4	—	0	2	5	2
Florida	2	4	18	78	87	9	9	19	195	231	2	3	8	64	34
Georgia	2	1	7	25	50	—	3	9	71	108	1	0	4	6	11
Maryland†	—	1	6	28	24	1	2	9	75	78	—	2	9	26	27
North Carolina	—	0	20	40	28	—	0	23	74	67	—	0	3	14	11
South Carolina†	—	1	3	10	14	1	2	7	27	71	—	0	2	2	4
Virginia†	1	1	11	23	39	2	1	18	16	76	—	1	7	19	10
West Virginia	—	0	1	1	3	2	0	18	27	18	—	0	3	1	4
E.S. Central	—	3	15	47	107	2	6	18	128	171	4	2	9	34	23
Alabama†	—	0	9	2	13	—	1	7	36	43	—	0	1	5	8
Kentucky	—	0	5	22	7	—	1	5	33	36	2	0	4	9	7
Mississippi	—	0	2	2	11	—	0	3	5	24	—	0	1	—	1
Tennessee†	—	1	7	21	76	2	2	12	54	68	2	1	7	20	7
W.S. Central	1	8	77	103	184	21	13	315	252	212	—	1	32	11	7
Arkansas	—	0	9	26	7	—	1	4	14	32	—	0	3	—	2
Louisiana	—	0	4	3	29	—	1	3	10	36	—	0	1	4	—
Oklahoma	1	0	2	4	3	3	0	17	5	20	—	0	3	1	1
Texas†	—	5	73	70	145	18	10	295	223	124	—	0	26	6	4
Mountain	4	5	18	110	137	2	7	39	130	237	3	1	8	37	40
Arizona	2	3	16	64	66	—	5	27	86	150	1	0	3	14	11
Colorado	1	1	4	17	17	2	1	5	15	23	—	0	3	2	10
Idaho†	1	0	2	5	17	—	0	2	5	5	1	0	2	5	1
Montana	—	0	2	5	7	—	0	7	—	3	—	0	1	2	3
Nevada†	—	0	2	5	7	—	1	4	12	22	—	0	2	3	7
New Mexico†	—	0	3	5	9	—	0	3	1	11	—	0	1	—	2
Utah	—	0	2	8	13	—	0	5	11	22	1	0	2	10	4
Wyoming	—	0	1	1	1	—	0	1	—	1	—	0	1	1	2
Pacific	15	17	163	613	350	6	9	61	209	278	—	2	9	42	27
Alaska	—	0	1	—	3	—	0	1	1	6	—	0	1	—	—
California	11	15	162	563	293	5	7	41	163	193	—	2	9	42	26
Hawaii	—	0	2	7	12	—	0	1	1	2	—	0	1	—	1
Oregon†	1	1	5	23	21	1	1	6	28	48	N	0	0	N	N
Washington	3	1	13	20	21	—	0	18	16	29	—	0	0	—	—
American Samoa	U	0	1	U	—	U	0	0	U	—	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	2	—	0	2	—	15	—	0	0	—	—
Puerto Rico	—	0	4	7	36	—	1	8	10	13	—	0	1	1	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 10, 2006, and June 11, 2005 (23rd Week)*

Reporting area	Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	72	248	2,153	2,300	3,400	18	25	125	430	508
New England	24	55	780	173	503	5	1	12	24	24
Connecticut	22	8	753	95	37	3	0	10	4	—
Maine	—	2	26	28	29	—	0	1	2	2
Massachusetts	—	11	205	11	401	1	0	3	13	17
New Hampshire	2	5	21	31	30	1	0	1	4	3
Rhode Island	—	0	12	—	3	—	0	8	—	2
Vermont†	—	1	5	8	3	—	0	1	1	—
Mid. Atlantic	36	155	1,176	1,524	1,861	1	5	15	69	144
New Jersey	—	21	312	260	757	—	1	7	13	34
New York (Upstate)	18	73	1,150	739	369	1	1	11	11	21
New York City	—	4	33	—	97	—	3	8	33	72
Pennsylvania	18	37	376	525	638	—	1	2	12	17
E.N. Central	—	9	160	108	307	2	3	8	45	52
Illinois	—	0	13	—	28	—	1	5	10	29
Indiana	—	0	4	3	3	—	0	3	6	3
Michigan	—	1	7	8	3	—	0	2	8	9
Ohio	—	1	5	16	19	2	1	3	16	6
Wisconsin	—	8	145	81	254	—	0	3	5	5
W.N. Central	5	9	98	66	102	—	0	32	21	24
Iowa	—	0	8	5	29	—	0	1	1	4
Kansas	—	0	1	3	2	—	0	1	—	2
Minnesota	3	6	96	52	67	—	0	30	14	8
Missouri	2	0	2	4	4	—	0	2	3	10
Nebraska†	—	0	2	2	—	—	0	2	1	—
North Dakota	—	0	3	—	—	—	0	1	1	—
South Dakota	—	0	1	—	—	—	0	1	1	—
S. Atlantic	—	27	124	322	547	4	6	16	132	100
Delaware	—	8	37	125	225	—	0	1	2	1
District of Columbia	—	0	2	7	3	—	0	2	—	2
Florida	—	1	5	14	10	2	1	6	23	17
Georgia	—	0	1	—	2	1	1	6	41	18
Maryland†	—	18	87	149	242	—	1	9	32	34
North Carolina	—	0	5	9	18	—	0	8	11	13
South Carolina†	—	0	3	3	8	—	0	2	4	3
Virginia†	—	3	22	15	38	1	0	9	18	11
West Virginia	—	0	44	—	1	—	0	2	1	1
E.S. Central	—	0	4	1	9	—	0	3	10	9
Alabama†	—	0	1	—	—	—	0	2	5	3
Kentucky	—	0	2	—	1	—	0	2	1	2
Mississippi	—	0	0	—	—	—	0	1	2	—
Tennessee†	—	0	4	1	8	—	0	2	2	4
W.S. Central	—	0	5	2	35	—	2	31	24	39
Arkansas	—	0	1	—	2	—	0	2	1	3
Louisiana	—	0	0	—	3	—	0	1	—	2
Oklahoma	—	0	0	—	—	—	0	6	2	2
Texas†	—	0	5	2	30	—	1	29	21	32
Mountain	—	0	4	4	3	1	1	9	18	26
Arizona	—	0	4	2	—	—	0	9	4	5
Colorado	—	0	0	—	—	1	0	2	6	13
Idaho†	—	0	1	—	1	—	0	0	—	—
Montana	—	0	0	—	—	—	0	1	1	—
Nevada†	—	0	2	—	—	—	0	2	—	2
New Mexico†	—	0	1	—	—	—	0	1	—	1
Utah	—	0	1	2	1	—	0	2	7	4
Wyoming	—	0	1	—	1	—	0	1	—	1
Pacific	7	3	19	100	33	5	4	12	87	90
Alaska	—	0	1	—	1	—	0	2	8	2
California	7	2	19	100	25	4	2	10	61	73
Hawaii	N	0	0	N	N	—	0	4	—	5
Oregon†	—	0	3	—	7	—	0	2	6	3
Washington	—	0	3	—	—	1	0	5	12	7
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	—	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 10, 2006, and June 11, 2005 (23rd Week)*

Reporting area	Meningococcal disease, invasive: All serogroups: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Meningococcal disease, invasive: Serogroup unknown: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Pertussis: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005
United States	15	20	83	580	688	10	12	57	382	424	87	417	2,867	4,536	8,818
New England	—	1	5	22	45	—	0	2	17	16	3	31	83	543	523
Connecticut	—	0	2	6	9	—	0	2	2	1	—	1	5	16	34
Maine	—	0	1	3	2	—	0	1	3	2	—	1	5	21	15
Massachusetts	—	0	3	10	22	—	0	2	10	5	1	23	43	384	390
New Hampshire	—	0	2	2	7	—	0	2	2	7	1	2	36	71	19
Rhode Island	—	0	1	—	2	—	0	0	—	—	—	0	17	—	11
Vermont†	—	0	1	1	3	—	0	1	—	1	1	1	8	51	54
Mid. Atlantic	3	3	13	78	88	2	2	11	58	67	12	27	137	714	647
New Jersey	—	0	2	5	23	—	0	2	5	23	—	4	10	95	90
New York (Upstate)	1	0	7	18	25	—	0	5	2	9	11	12	123	269	240
New York City	—	0	5	23	11	—	0	5	23	11	—	2	6	25	42
Pennsylvania	2	1	5	32	29	2	1	5	28	24	1	11	26	325	275
E.N. Central	5	2	10	67	87	4	1	6	50	73	4	51	133	560	1,810
Illinois	—	0	4	15	22	—	0	4	15	22	—	11	35	13	401
Indiana	2	0	5	12	11	2	0	2	6	5	3	4	75	84	146
Michigan	1	1	3	14	16	1	0	3	8	10	1	5	23	148	111
Ohio	2	1	5	26	28	1	0	4	21	26	—	16	30	273	648
Wisconsin	—	0	1	—	10	—	0	1	—	10	—	10	41	42	504
W.N. Central	—	2	4	35	42	—	1	3	14	20	2	61	542	590	1,130
Iowa	—	0	2	9	11	—	0	2	3	3	—	11	55	131	316
Kansas	—	0	1	1	7	—	0	1	1	7	2	11	28	159	126
Minnesota	—	0	2	8	6	—	0	1	3	1	—	0	485	75	214
Missouri	—	0	3	11	12	—	0	1	3	6	—	11	42	163	189
Nebraska†	—	0	2	5	4	—	0	1	3	3	—	4	15	53	124
North Dakota	—	0	1	1	—	—	0	1	1	—	—	0	26	4	66
South Dakota	—	0	1	—	2	—	0	0	—	—	—	1	8	5	95
S. Atlantic	3	3	14	100	119	1	2	7	41	50	14	23	92	418	538
Delaware	—	0	1	3	2	—	0	1	3	2	—	0	1	2	13
District of Columbia	—	0	1	—	4	—	0	1	—	3	—	0	3	3	4
Florida	2	1	6	39	48	1	0	5	14	15	3	4	14	94	71
Georgia	—	0	3	11	12	—	0	3	11	12	—	0	3	7	20
Maryland†	—	0	2	6	11	—	0	1	1	—	—	3	9	65	108
North Carolina	—	0	11	15	11	—	0	3	3	2	10	0	21	87	27
South Carolina†	—	0	2	11	11	—	0	1	4	8	—	5	22	62	187
Virginia†	1	0	4	12	15	—	0	3	5	6	1	1	73	87	79
West Virginia	—	0	2	3	5	—	0	1	—	2	—	0	5	11	29
E.S. Central	—	1	4	19	34	—	1	4	15	25	3	7	22	98	233
Alabama†	—	0	1	4	3	—	0	1	4	2	—	1	7	25	37
Kentucky	—	0	2	5	12	—	0	2	5	12	—	1	10	6	64
Mississippi	—	0	1	1	4	—	0	1	1	4	—	1	4	13	31
Tennessee†	—	0	2	9	15	—	0	2	5	7	3	2	14	54	101
W.S. Central	—	2	23	51	70	—	0	6	21	17	9	39	360	251	863
Arkansas	—	0	3	5	8	—	0	2	4	1	2	3	21	36	123
Louisiana	—	0	4	23	23	—	0	3	12	4	—	0	3	6	22
Oklahoma	—	0	4	8	11	—	0	1	—	2	7	0	124	10	—
Texas†	—	1	16	15	28	—	0	4	5	10	—	32	215	199	718
Mountain	1	1	4	33	57	—	0	4	16	16	26	61	230	890	1,889
Arizona	—	0	4	11	25	—	0	4	11	9	9	14	177	266	425
Colorado	1	0	2	12	12	—	0	1	2	—	11	23	40	467	659
Idaho†	—	0	2	1	3	—	0	2	1	3	—	2	13	24	91
Montana	—	0	1	2	—	—	0	0	—	—	6	3	19	55	381
Nevada†	—	0	2	1	6	—	0	1	—	1	—	0	9	25	29
New Mexico†	—	0	1	1	3	—	0	1	—	2	—	2	6	22	108
Utah	—	0	1	3	8	—	0	1	—	1	—	7	32	—	181
Wyoming	—	0	2	2	—	—	0	2	2	—	—	1	5	31	15
Pacific	3	4	29	175	146	3	4	25	150	140	14	66	1,334	472	1,185
Alaska	—	0	1	1	1	—	0	1	1	1	2	2	15	33	21
California	3	2	14	109	93	3	2	14	109	93	—	31	1,136	168	444
Hawaii	—	0	1	4	7	—	0	1	4	2	—	3	10	36	75
Oregon†	—	1	7	39	26	—	1	4	28	26	4	3	26	67	406
Washington	—	0	25	22	19	—	0	11	8	18	8	11	195	168	239
American Samoa	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	1	—	—	—	0	1	—	—	—	0	2	—	2
Puerto Rico	—	0	1	4	6	—	0	1	4	6	—	0	1	—	4
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 10, 2006, and June 11, 2005 (23rd Week)*

Reporting area	Rabies, animal					Rocky Mountain spotted fever					Salmonellosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	64	108	179	2,319	2,708	19	37	246	466	319	429	828	2,287	11,692	13,215
New England	12	12	26	251	325	—	0	2	1	2	6	34	147	604	770
Connecticut	5	3	13	59	67	—	0	0	—	—	—	6	139	139	149
Maine	—	1	5	29	31	N	0	0	N	N	—	2	8	26	72
Massachusetts	4	4	17	124	187	—	0	2	1	1	5	19	41	352	421
New Hampshire	—	0	3	6	4	—	0	1	—	—	—	2	12	42	68
Rhode Island	—	0	4	1	11	—	0	2	—	1	—	1	17	32	23
Vermont†	3	1	7	32	25	—	0	0	—	—	1	1	10	13	37
Mid. Atlantic	12	19	46	476	375	—	1	7	15	23	51	74	272	1,245	1,623
New Jersey	N	0	0	N	N	—	0	3	—	7	—	11	41	118	312
New York (Upstate)	12	11	24	203	188	—	0	1	1	—	36	22	233	347	384
New York City	—	0	3	—	14	—	0	2	3	1	—	21	44	318	416
Pennsylvania	—	8	35	273	173	—	1	5	11	15	15	29	61	462	511
E.N. Central	1	2	9	25	96	—	0	7	8	11	40	93	219	1,590	1,983
Illinois	—	0	4	—	14	—	0	4	1	6	—	26	53	330	802
Indiana	—	0	3	3	4	—	0	1	1	—	17	11	69	218	175
Michigan	1	0	4	16	8	—	0	1	—	2	5	17	35	295	335
Ohio	—	0	2	6	70	—	0	3	6	3	17	25	52	468	357
Wisconsin	N	0	2	N	N	—	0	1	—	—	1	15	44	279	314
W.N. Central	2	5	15	106	149	5	2	14	52	31	29	45	90	833	851
Iowa	—	0	4	19	—	—	0	2	—	1	—	7	18	130	150
Kansas	1	1	5	34	42	1	0	1	4	1	4	7	17	118	116
Minnesota	1	1	5	13	30	—	0	1	1	—	11	10	30	206	195
Missouri	—	1	6	9	24	4	2	13	45	26	14	15	40	260	235
Nebraska†	—	0	0	—	—	—	0	2	2	—	—	4	12	74	82
North Dakota	—	0	7	13	11	—	0	1	—	—	—	0	46	4	12
South Dakota	—	1	4	18	42	—	0	2	—	3	—	3	9	41	61
S. Atlantic	25	36	96	853	1,028	2	17	94	322	173	127	252	514	3,097	3,442
Delaware	—	0	0	—	—	—	0	2	2	—	—	2	9	27	33
District of Columbia	—	0	0	—	—	—	0	1	—	—	1	1	7	24	17
Florida	—	0	22	71	201	1	0	3	11	8	79	99	230	1,372	1,264
Georgia	—	3	42	85	135	—	1	11	19	37	24	35	87	466	479
Maryland†	—	8	16	154	157	—	1	6	17	13	4	12	39	188	254
North Carolina	6	8	20	163	218	—	6	87	254	87	—	28	114	462	477
South Carolina†	10	3	11	63	86	—	1	6	4	17	6	21	73	260	544
Virginia†	9	10	27	274	212	1	2	10	14	8	13	19	66	265	326
West Virginia	—	1	13	43	19	—	0	2	1	3	—	3	19	33	48
E.S. Central	1	4	16	127	60	2	5	24	44	43	22	54	115	705	749
Alabama†	—	1	7	33	33	—	0	9	13	11	1	14	41	269	182
Kentucky	—	0	5	7	6	—	0	1	—	—	10	8	27	133	117
Mississippi	—	0	1	—	—	—	0	3	—	2	—	12	62	94	162
Tennessee†	1	1	10	87	21	2	3	18	31	30	11	14	41	209	288
W.S. Central	7	14	34	347	487	10	1	161	19	17	62	83	922	1,012	1,137
Arkansas	1	0	3	16	15	10	0	32	16	7	18	14	67	301	196
Louisiana	—	0	0	—	—	—	0	1	—	5	—	9	43	122	265
Oklahoma	6	1	9	30	48	—	0	154	1	5	40	7	48	127	126
Texas†	—	12	28	301	424	—	0	8	2	—	4	44	839	462	550
Mountain	1	4	16	56	115	—	0	6	3	18	34	50	110	781	811
Arizona	—	2	11	47	92	—	0	6	2	12	8	13	67	197	229
Colorado	—	0	2	—	10	—	0	1	—	1	20	12	45	253	188
Idaho†	—	0	12	—	—	—	0	2	—	1	—	2	8	44	71
Montana	—	0	3	6	—	—	0	0	—	1	2	2	16	52	36
Nevada†	—	0	2	—	—	—	0	0	—	—	—	3	8	37	69
New Mexico†	—	0	1	—	2	—	0	1	—	2	—	4	13	53	87
Utah	1	0	5	2	—	—	0	0	—	—	4	5	30	119	111
Wyoming	—	0	2	1	11	—	0	1	1	1	—	1	12	26	20
Pacific	3	3	15	78	73	—	0	1	2	1	58	104	426	1,825	1,849
Alaska	—	0	4	12	1	—	0	0	—	—	1	1	7	35	19
California	3	3	15	64	71	—	0	1	2	—	43	84	292	1,368	1,414
Hawaii	—	0	0	—	—	—	0	0	—	—	—	5	15	89	111
Oregon†	—	0	1	2	1	—	0	1	—	1	1	8	25	166	164
Washington	U	0	0	U	U	N	0	0	N	N	13	10	124	167	141
American Samoa	U	0	0	U	U	U	0	0	U	U	U	1	2	U	1
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	4	—	18
Puerto Rico	—	1	6	46	36	N	0	0	N	N	3	11	35	44	204
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 10, 2006, and June 11, 2005 (23rd Week)*

Reporting area	Shiga toxin-producing *E. coli* (STEC)†					Shigellosis					Streptococcal disease, invasive, group A				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005
United States	37	55	296	479	714	131	292	1,009	3,696	5,129	72	81	283	2,459	2,477
New England	1	3	15	40	65	1	5	26	106	95	1	5	11	94	152
Connecticut	—	0	14	14	19	—	0	20	20	21	U	1	4	U	61
Maine	—	0	5	—	13	—	0	3	2	5	—	0	2	10	6
Massachusetts	1	1	7	21	23	1	4	11	74	55	—	2	6	57	62
New Hampshire	—	0	2	5	5	—	0	4	4	4	1	0	3	17	8
Rhode Island	—	0	2	—	1	—	0	6	4	4	—	0	3	3	6
Vermont§	—	0	2	2	4	—	0	4	2	6	—	0	2	7	9
Mid. Atlantic	5	6	107	24	76	4	17	72	249	499	11	13	43	416	535
New Jersey	—	1	7	—	21	—	4	18	58	141	—	1	8	13	112
New York (Upstate)	—	2	103	21	24	4	4	60	94	114	7	4	32	166	163
New York City	—	0	3	8	5	—	4	14	61	211	—	2	8	56	101
Pennsylvania	—	1	8	—	26	—	2	48	36	33	4	5	13	181	159
E.N. Central	6	10	38	103	132	12	20	96	357	381	5	16	41	482	548
Illinois	—	0	10	—	36	—	7	26	89	100	—	4	10	89	185
Indiana	4	1	7	17	16	5	1	56	59	39	1	2	11	67	53
Michigan	—	1	8	19	19	1	3	10	76	124	2	3	11	133	132
Ohio	2	2	14	39	37	6	3	11	75	25	2	4	19	160	115
Wisconsin	—	3	15	28	24	—	3	10	58	93	—	1	4	33	63
W.N. Central	7	7	35	78	97	29	45	77	552	375	9	5	57	189	154
Iowa	2	1	10	22	22	—	1	7	19	44	N	0	0	N	N
Kansas	—	0	4	—	14	2	4	20	38	20	1	1	5	38	26
Minnesota	5	3	19	52	15	8	2	6	39	28	5	0	52	83	53
Missouri	1	2	7	40	26	19	23	70	387	235	3	1	5	39	42
Nebraska§	—	1	5	11	15	—	3	11	38	31	—	0	4	18	14
North Dakota	—	0	15	—	1	—	0	2	4	2	—	0	5	5	4
South Dakota	—	0	5	3	4	—	2	17	27	15	—	0	3	6	15
S. Atlantic	7	7	39	88	122	46	52	122	1,033	722	25	20	41	589	468
Delaware	—	0	2	1	—	—	0	2	—	5	—	0	2	4	—
District of Columbia	—	0	1	—	—	2	0	2	5	7	—	0	2	7	6
Florida	3	1	29	38	54	32	26	66	475	332	3	6	12	131	118
Georgia	—	0	6	—	14	11	13	34	353	205	13	4	13	139	97
Maryland§	—	1	5	7	17	—	2	8	37	26	—	4	12	114	93
North Carolina	—	1	11	29	16	—	2	22	82	63	—	1	21	67	72
South Carolina§	—	0	2	3	2	—	2	9	58	43	—	0	6	36	25
Virginia§	—	1	8	—	18	1	2	9	23	41	9	2	11	76	44
West Virginia	—	0	2	—	1	—	0	1	—	—	—	0	6	15	13
E.S. Central	2	2	11	26	40	2	15	46	267	661	7	3	10	114	104
Alabama§	—	0	3	3	11	—	3	13	70	140	N	0	0	N	N
Kentucky	1	1	8	14	11	2	7	23	131	81	2	0	5	26	23
Mississippi	—	0	2	—	1	—	1	6	26	41	—	0	0	—	—
Tennessee§	—	1	4	27	17	—	3	22	40	399	5	3	9	88	81
W.S. Central	1	1	52	8	26	12	63	596	305	1,423	6	7	58	200	142
Arkansas	—	0	2	3	3	2	1	7	34	25	—	0	5	18	7
Louisiana	—	0	2	—	9	—	2	11	43	61	—	0	2	7	4
Oklahoma	1	0	8	5	4	10	6	286	43	328	2	2	14	60	65
Texas§	—	1	44	22	10	—	47	308	185	1,009	4	4	43	115	66
Mountain	4	5	15	42	77	11	17	47	261	253	8	11	78	335	324
Arizona	1	0	4	16	10	6	9	29	131	121	3	4	57	178	144
Colorado	1	1	6	16	20	2	3	18	43	39	3	3	8	78	104
Idaho§	1	1	7	11	13	—	0	4	5	3	—	0	2	6	1
Montana	—	0	2	—	3	1	0	1	3	2	—	0	0	—	—
Nevada§	—	0	3	5	10	—	1	7	25	26	—	0	6	—	1
New Mexico§	—	0	3	3	7	—	2	9	27	43	1	1	7	29	39
Utah	3	1	7	13	13	2	1	4	25	19	1	1	6	42	33
Wyoming	—	0	3	1	1	—	0	1	2	—	—	0	1	2	2
Pacific	4	7	55	70	79	14	38	148	566	720	—	2	9	40	50
Alaska	—	0	2	—	4	—	0	2	6	9	—	0	0	—	—
California	1	4	18	47	34	12	32	104	420	631	—	0	0	—	—
Hawaii	—	0	4	4	3	—	0	4	17	12	—	2	9	40	50
Oregon§	—	2	47	26	27	—	1	31	64	37	N	0	0	N	N
Washington	3	2	32	19	11	2	2	43	59	31	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	2	U	3	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	3	—	9	—	0	0	—	—
Puerto Rico	—	0	1	—	—	—	0	2	2	—	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin positive, serogroup non-0157; and Shiga toxin positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 10, 2006, and June 11, 2005 (23rd Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease Drug resistant, all ages					Syphilis, primary and secondary					Varicella (chickenpox)				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005
United States	50	51	334	1,410	1,500	98	167	334	3,404	3,607	652	776	3,204	23,783	14,112
New England	1	1	24	13	134	3	3	17	83	90	52	45	165	803	2,526
Connecticut	U	0	7	U	57	2	0	11	19	19	U	12	67	U	865
Maine	N	0	0	N	N	—	0	2	5	1	5	5	20	151	194
Massachusetts	—	0	6	—	62	1	2	5	49	61	—	17	72	92	1,342
New Hampshire	—	0	0	—	—	—	0	2	5	4	12	6	42	174	95
Rhode Island	1	0	11	4	7	—	0	6	3	5	—	0	0	—	—
Vermont†	—	0	2	9	8	—	0	1	2	—	35	9	33	386	30
Mid. Atlantic	2	3	15	86	139	12	21	35	487	449	126	102	183	2,772	2,792
New Jersey	N	0	0	N	N	—	2	7	76	62	—	0	0	—	—
New York (Upstate)	2	1	10	28	56	5	2	14	71	30	—	0	0	—	—
New York City	U	0	0	U	U	—	10	21	231	282	—	0	0	—	—
Pennsylvania	—	2	9	58	83	7	5	9	109	75	126	102	183	2,772	2,792
E.N. Central	13	11	41	347	372	4	17	38	329	381	204	209	575	9,057	3,490
Illinois	—	1	3	11	12	—	8	23	148	212	—	1	5	5	50
Indiana	—	2	21	82	118	1	1	4	30	33	N	0	347	N	70
Michigan	—	0	4	13	27	1	1	19	36	32	73	101	174	2,682	2,222
Ohio	13	6	32	241	215	2	4	11	97	92	131	63	421	5,950	876
Wisconsin	N	0	0	N	N	—	1	3	18	12	—	10	41	420	272
W.N. Central	1	1	191	26	26	1	4	9	92	118	12	20	84	891	190
Iowa	N	0	0	N	N	—	0	3	7	4	N	0	0	N	N
Kansas	N	0	0	N	N	—	0	2	10	11	—	0	0	—	—
Minnesota	—	0	191	—	—	—	1	4	14	33	—	0	0	—	—
Missouri	1	1	3	26	22	1	3	8	60	67	6	15	82	836	116
Nebraska†	—	0	0	—	2	—	0	1	1	3	—	0	0	—	—
North Dakota	—	0	1	—	—	—	0	1	—	—	6	0	25	24	10
South Dakota	—	0	1	—	2	—	0	1	—	—	—	1	12	31	64
S. Atlantic	33	24	53	740	589	38	43	166	838	831	92	72	860	2,417	1,146
Delaware	—	0	2	—	1	—	0	2	12	6	—	1	5	34	16
District of Columbia	—	0	3	19	11	—	2	9	48	51	—	0	5	18	16
Florida	22	13	36	401	296	15	14	29	317	329	—	0	0	—	—
Georgia	11	8	21	252	213	—	8	147	95	129	—	0	0	—	—
Maryland†	—	0	0	—	—	7	6	19	141	132	—	0	0	—	—
North Carolina	N	0	0	N	N	14	5	17	132	103	—	0	0	—	—
South Carolina†	—	0	0	—	—	—	1	7	33	28	19	16	50	635	295
Virginia†	N	0	0	N	N	2	2	12	59	51	49	18	812	870	216
West Virginia	—	1	14	68	68	—	0	1	1	2	24	25	70	860	603
E.S. Central	—	3	13	105	112	18	10	19	246	196	—	0	70	26	—
Alabama†	N	0	0	N	N	7	3	12	109	77	—	0	70	26	—
Kentucky	—	0	5	20	19	1	1	8	32	15	N	0	0	N	N
Mississippi	—	0	0	—	1	—	0	5	11	23	—	0	0	—	—
Tennessee†	—	2	13	85	92	10	4	11	94	81	N	0	0	N	N
W.S. Central	—	1	8	46	93	15	24	36	579	558	145	203	1,757	6,235	2,329
Arkansas	—	0	3	7	11	—	1	6	33	25	28	4	110	413	—
Louisiana	—	1	5	39	82	2	4	17	64	118	—	0	17	90	105
Oklahoma	N	0	0	N	N	2	1	6	34	17	—	0	0	—	—
Texas†	N	0	0	N	N	11	17	29	448	398	117	201	1,647	5,732	2,224
Mountain	—	1	27	47	35	3	8	17	166	186	21	47	136	1,582	1,639
Arizona	N	0	0	N	N	2	3	13	81	62	—	0	0	—	—
Colorado	N	0	0	N	N	—	1	3	12	21	11	30	76	819	1,129
Idaho†	N	0	0	N	N	—	0	3	2	15	—	0	0	—	—
Montana	—	0	1	—	—	—	0	1	—	5	—	0	0	—	—
Nevada†	—	0	27	4	2	1	1	12	43	54	—	0	2	4	—
New Mexico†	—	0	0	—	—	—	1	5	26	23	2	3	32	235	141
Utah	—	0	8	19	15	—	0	1	2	6	8	11	55	513	325
Wyoming	—	0	3	24	18	—	0	0	—	—	—	0	3	11	44
Pacific	—	0	0	—	—	4	33	47	584	798	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	4	5	4	—	0	0	—	—
California	N	0	0	N	N	3	27	42	480	715	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	7	2	N	0	0	N	N
Oregon†	N	0	0	N	N	—	0	6	8	15	N	0	0	N	N
Washington	N	0	0	N	N	1	2	11	84	62	N	0	0	N	N
American Samoa	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	3	—	2	12	—	354
Puerto Rico	N	0	0	N	N	—	3	16	54	80	4	8	47	119	372
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 10, 2006, and June 11, 2005 (23rd Week)*

Reporting area	West Nile virus disease†									
	Neuroinvasive					Non-neuroinvasive				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	—	1	155	4	8	—	0	203	—	22
New England	—	0	3	—	—	—	0	2	—	—
Connecticut	—	0	2	—	—	—	0	1	—	—
Maine	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	3	—	—	—	0	1	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	1	—	—	—	0	0	—	—
Vermont§	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	0	10	—	—	—	0	4	—	—
New Jersey	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	—	0	7	—	—	—	0	2	—	—
New York City	—	0	2	—	—	—	0	2	—	—
Pennsylvania	—	0	3	—	—	—	0	2	—	—
E.N. Central	—	0	39	—	1	—	0	18	—	—
Illinois	—	0	25	—	—	—	0	16	—	—
Indiana	—	0	2	—	1	—	0	1	—	—
Michigan	—	0	14	—	—	—	0	3	—	—
Ohio	—	0	9	—	—	—	0	4	—	—
Wisconsin	—	0	3	—	—	—	0	2	—	—
W.N. Central	—	0	26	—	1	—	0	80	—	4
Iowa	—	0	3	—	—	—	0	5	—	—
Kansas	—	0	3	—	—	N	0	3	N	N
Minnesota	—	0	5	—	—	—	0	5	—	—
Missouri	—	0	4	—	1	—	0	3	—	—
Nebraska§	—	0	9	—	—	—	0	24	—	1
North Dakota	—	0	4	—	—	—	0	15	—	—
South Dakota	—	0	7	—	—	—	0	33	—	3
S. Atlantic	—	0	6	—	—	—	0	4	—	—
Delaware	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	1	—	—	—	0	1	—	—
Florida	—	0	2	—	—	—	0	4	—	—
Georgia	—	0	3	—	—	—	0	3	—	—
Maryland§	—	0	2	—	—	—	0	1	—	—
North Carolina	—	0	1	—	—	—	0	1	—	—
South Carolina§	—	0	1	—	—	—	0	0	—	—
Virginia§	—	0	0	—	—	—	0	1	—	—
West Virginia	—	0	0	—	—	N	0	0	N	N
E.S. Central	—	0	10	1	1	—	0	5	—	1
Alabama§	—	0	1	—	—	—	0	2	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	9	1	1	—	0	5	—	1
Tennessee§	—	0	3	—	—	—	0	1	—	—
W.S. Central	—	0	32	2	2	—	0	22	—	5
Arkansas	—	0	3	—	—	—	0	2	—	2
Louisiana	—	0	20	—	—	—	0	9	—	2
Oklahoma	—	0	6	—	—	—	0	3	—	—
Texas§	—	0	16	2	2	—	0	13	—	1
Mountain	—	0	16	1	1	—	0	39	—	5
Arizona	—	0	8	—	1	—	0	8	—	—
Colorado	—	0	5	1	—	—	0	13	—	4
Idaho§	—	0	2	—	—	—	0	3	—	—
Montana	—	0	3	—	—	—	0	9	—	—
Nevada§	—	0	3	—	—	—	0	8	—	—
New Mexico§	—	0	3	—	—	—	0	4	—	1
Utah	—	0	6	—	—	—	0	8	—	—
Wyoming	—	0	2	—	—	—	0	1	—	—
Pacific	—	0	50	—	2	—	0	90	—	7
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	50	—	2	—	0	89	—	7
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon§	—	0	1	—	—	—	0	2	—	—
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending June 10, 2006 (23rd Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	504	346	112	24	9	13	50
Boston, MA	152	101	40	5	2	4	19
Bridgeport, CT	22	14	5	2	—	1	1
Cambridge, MA	19	13	4	1	—	1	3
Fall River, MA	13	10	2	1	—	—	2
Hartford, CT	50	31	12	3	3	1	3
Lowell, MA	23	18	5	—	—	—	5
Lynn, MA	13	10	2	1	—	—	—
New Bedford, MA	14	11	3	—	—	—	3
New Haven, CT	U	U	U	U	U	U	U
Providence, RI	83	58	15	5	2	3	4
Somerville, MA	7	4	2	1	—	—	—
Springfield, MA	35	24	5	4	—	2	1
Waterbury, CT	24	15	7	1	1	—	1
Worcester, MA	49	37	10	—	1	1	8
Mid. Atlantic	2,227	1,521	478	150	46	31	128
Albany, NY	42	34	4	2	2	—	5
Allentown, PA	21	20	1	—	—	—	—
Buffalo, NY	79	52	18	4	2	3	4
Camden, NJ	24	14	7	1	2	—	—
Elizabeth, NJ	26	17	6	3	—	—	2
Erie, PA	37	30	6	—	1	—	2
Jersey City, NJ	37	20	12	4	—	1	—
New York City, NY	1,080	738	243	71	13	14	65
Newark, NJ	49	23	15	9	2	—	5
Paterson, NJ	11	5	1	2	2	1	—
Philadelphia, PA	403	268	79	33	17	6	24
Pittsburgh, PA§	38	20	14	2	1	1	—
Reading, PA	25	19	3	2	—	1	1
Rochester, NY	137	100	31	5	—	1	8
Schenectady, NY	16	13	2	1	—	—	—
Scranton, PA	31	26	4	1	—	—	1
Syracuse, NY	105	80	16	5	3	1	8
Trenton, NJ	39	24	9	4	—	2	—
Utica, NY	10	8	2	—	—	—	1
Yonkers, NY	17	10	5	1	1	—	2
E.N. Central	2,034	1,348	472	128	43	43	117
Akron, OH	55	38	13	2	1	1	4
Canton, OH	33	29	3	1	—	—	3
Chicago, IL	336	201	78	38	8	11	19
Cincinnati, OH	83	52	15	7	1	8	16
Cleveland, OH	241	178	51	9	2	1	5
Columbus, OH	181	118	44	13	1	5	13
Dayton, OH	123	84	27	8	3	1	9
Detroit, MI	190	100	69	13	5	3	9
Evansville, IN	41	32	5	2	2	—	3
Fort Wayne, IN	57	42	12	3	—	—	2
Gary, IN	18	11	3	3	1	—	—
Grand Rapids, MI	67	53	9	3	—	2	4
Indianapolis, IN	185	105	51	10	12	7	9
Lansing, MI	36	25	8	1	1	1	1
Milwaukee, WI	102	67	27	6	—	2	13
Peoria, IL	42	29	10	2	1	—	1
Rockford, IL	51	36	10	5	—	—	3
South Bend, IN	37	29	5	1	1	1	—
Toledo, OH	106	78	23	1	4	—	3
Youngstown, OH	50	41	9	—	—	—	—
W.N. Central	628	405	162	35	16	10	47
Des Moines, IA	39	20	15	4	—	—	1
Duluth, MN	31	22	8	1	—	—	6
Kansas City, KS	29	16	9	—	4	—	3
Kansas City, MO	101	73	20	4	2	2	2
Lincoln, NE	34	28	2	2	2	—	—
Minneapolis, MN	67	34	22	5	4	2	10
Omaha, NE	80	59	19	2	—	—	11
St. Louis, MO	120	58	43	15	2	2	4
St. Paul, MN	50	38	8	—	—	4	4
Wichita, KS	77	57	16	2	2	—	6
S. Atlantic	1,258	794	296	100	38	28	69
Atlanta, GA	159	86	45	13	13	2	5
Baltimore, MD	154	87	49	12	3	3	17
Charlotte, NC	74	40	20	11	2	1	8
Jacksonville, FL	165	106	32	16	4	7	12
Miami, FL	116	79	19	9	3	6	2
Norfolk, VA	47	31	10	2	1	3	1
Richmond, VA	69	42	20	6	—	1	2
Savannah, GA	65	44	15	4	1	1	2
St. Petersburg, FL	65	44	12	5	2	2	8
Tampa, FL	210	141	52	12	4	—	9
Washington, D.C.	116	78	22	9	4	2	2
Wilmington, DE	18	16	—	1	1	—	1
E.S. Central	804	490	214	56	28	16	52
Birmingham, AL	168	98	51	9	5	5	20
Chattanooga, TN	93	59	24	5	2	3	7
Knoxville, TN	85	58	23	1	3	—	1
Lexington, KY	110	67	25	9	6	3	4
Memphis, TN	72	38	21	8	5	—	3
Mobile, AL	81	57	18	3	3	—	5
Montgomery, AL	49	30	10	8	1	—	3
Nashville, TN	146	83	42	13	3	5	9
W.S. Central	1,461	963	320	103	44	31	59
Austin, TX	94	56	27	7	—	4	1
Baton Rouge, LA	68	42	21	2	1	2	2
Corpus Christi, TX	42	34	3	1	3	1	5
Dallas, TX	189	98	53	20	12	6	13
El Paso, TX	113	88	16	5	3	1	3
Fort Worth, TX	103	71	25	4	1	2	8
Houston, TX	353	243	55	39	10	6	3
Little Rock, AR	56	30	20	2	3	1	5
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	233	156	52	13	5	7	5
Shreveport, LA	52	30	16	3	3	—	9
Tulsa, OK	158	115	32	7	3	1	5
Mountain	899	558	207	75	35	23	53
Albuquerque, NM	132	79	33	16	4	—	9
Boise, ID	51	36	9	2	1	3	6
Colorado Springs, CO	70	47	17	3	1	2	4
Denver, CO	84	58	11	7	5	3	5
Las Vegas, NV	237	148	60	21	5	3	11
Ogden, UT	32	22	4	1	4	1	2
Phoenix, AZ	186	93	50	21	14	7	10
Pueblo, CO	21	14	6	1	—	—	1
Salt Lake City, UT	86	61	17	3	1	4	5
Tucson, AZ	U	U	U	U	U	U	U
Pacific	1,652	1,123	358	100	44	27	143
Berkeley, CA	16	11	4	1	—	—	—
Fresno, CA	164	113	31	15	4	1	6
Glendale, CA	17	13	3	—	—	1	1
Honolulu, HI	82	66	11	1	2	2	—
Long Beach, CA	74	51	18	3	1	1	8
Los Angeles, CA	330	200	76	30	13	11	31
Pasadena, CA	17	12	4	—	1	—	6
Portland, OR	121	85	28	6	1	1	9
Sacramento, CA	195	127	46	12	9	1	17
San Diego, CA	170	116	36	9	5	4	14
San Francisco, CA	U	U	U	U	U	U	U
San Jose, CA	171	132	27	9	3	—	19
Santa Cruz, CA	27	20	6	1	—	—	5
Seattle, WA	106	54	41	7	—	4	11
Spokane, WA	46	39	6	1	—	—	5
Tacoma, WA	116	84	21	5	5	1	11
Total	11,467**	7,548	2,619	771	303	222	718

U: Unavailable. —:No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

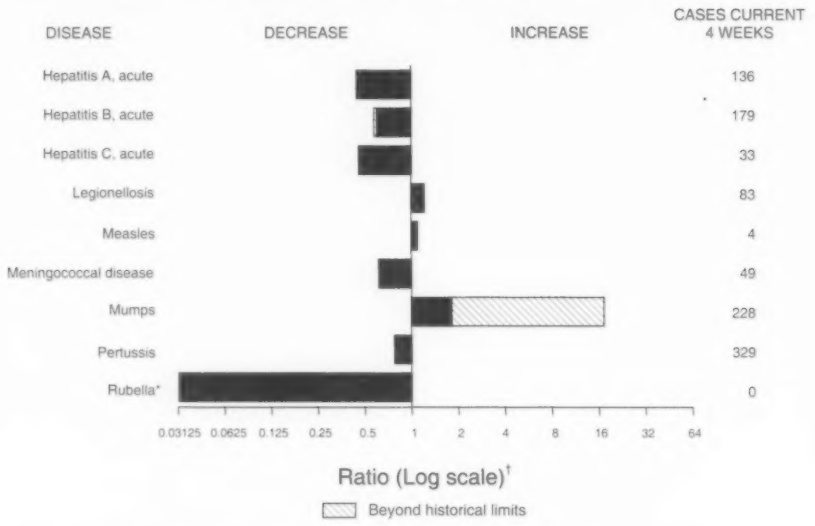
† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals June 10, 2006, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 23 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

Notifiable Disease Morbidity and 122 Cities Mortality Data Team

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